

**2018-19
Annual Report**

Academic Affairs Committee

Chair: Chad Kessler, MD, MHPE, MD, FACEP

Board Liaison: John T. Finnell, MD, MSc, FACEP

Staff Liaison: Loren Rives, MNA

1. Continue collaboration with EMRA to:
 - a. Complete development of a leadership/business curriculum for medical students and residents.
 - b. Complete the development of a personal financial literacy curriculum for medical students and residents.

Outcome: a) The subcommittee developed a survey in collaboration with EMRA to administer to EMPRN. EMRA has a working concept for the curriculum that the committee will provide input and assistance. b) The objective has expanded to include the EMRA task force and the Young Physicians Section as well as additional stakeholders. The subcommittee is reviewing current resources that exist and will curate them into a useful format.

2. Continue collaboration with EMRA and the Well-Being Committee to identify and/or develop resources for residents and medical students to address resiliency and coping mechanisms. (Well-Being is the lead committee.)

Outcome: The subcommittee is supporting the work of the Well-Being Committee.

3. Develop and provide resources that highlight the benefits of residency programs to the institution, including information on how EM programs are funded and alternative methodologies for funding.

Outcome: The subcommittee administered a survey to the CORD and AACEM listserv to determine current understanding of funding streams by Program Directors and Program Chairs. The findings from the survey will be used to develop additional resources for members to better understand program funding. Additionally, the subcommittee plans to submit a manuscript for publication to inform ACEP members about the current state of knowledge and will use the results to guide development of educational resources/activities to enhance any knowledge gaps.

4. Solicit nominations and recommend recipients for the:
 - a. National Faculty and Junior Faculty Teaching Awards (nominations are approved by the Board)
 - b. Excellence in Bedside Teaching Award (nominations are approved by the Board)
 - c. National Outstanding Medical Student Award (nominations approved by the Board)
 - d. Local Medical Student Awards (nominations are approved by the Academic Affairs Committee)

Outcome: The committee recommended four individuals for the National EM Faculty Teaching award, five for the National EM Junior Faculty Teaching Award, two for the Bedside Teaching Award, five National Outstanding Medical Student awardees and three honorable mentions, and 28 Medical Student Professional and Service Awards. The Board approved the recommendations in June 2019.

5. Review and recommend journal articles, texts, practice guidelines, and important advances relating to ABEM's Lifelong Learning Self-Assessment (LLSA) and emergency medicine practice.

Outcome: A total of 29 articles were submitted for ABEM's consideration. Full list of the committee's recommended articles will also be placed on ACEP's LLSA [website](#) as an additional resource.

6. Complete development of the following information papers:
 - a. Complete benefits of the academic partnership between the VA and a residency program.

Outcome: The subcommittee has an outline of the manuscript with a final manuscript completion expected in May/June 2020. The committee will also release a brief survey to current VA sites with academic affiliations in EM with a completion date of December 2019 to inform this manuscript.

7. Identify aspects of an academic practice that lead to low burnout rates and greater career satisfaction.

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Outcome: The subcommittee has completed a draft manuscript and expects the final manuscript sometime in 2020.

8. Provide resources for faculty and residents on EM Model Milestones Project 2.0.

Outcome: The EM Model of Clinical Practice is currently under revision and has yet to be published.

9. Develop a resource for medical students and residents about subspecialty certifications and opportunities after EM residency. Collaborate with EMRA.

Outcome: Subcommittee members collaborated on a podcast series with EMRA about fellowship opportunities. The podcasts were recorded during the CORD annual meeting and additional recordings are planned at *ACEP19*. Suggestions for articles featuring the podcast series and other resources will be submitted to *ACEP Now*. The subcommittee also provided input as needed on EMRA's Fellowship Guide.

10. Develop a guide for writing letters of recommendation for academic promotion.

Outcome: Subcommittee members have contacted CORD, AACEM and the Diversity, Inclusion & Health Equity Section to evaluate potential collaboration to create a standard for all EM organizations.

11. Explore resources and opportunities for returning physicians for focused practice improvement.

Outcome: The subcommittee continues to explore resources related to this objective.

12. Review the following policy per the Policy Sunset Review Process:

- Scholarly Sabbatical Leave for Emergency Medicine Faculty

Outcome: The Board reaffirmed the policy statement "[Scholarly Sabbatical Leave for Emergency Medicine Faculty](#)" in January 2019.

13. Explore ways to encourage support of protected time for faculty in residency programs. Collaborate with the Research Committee. (Academic Affairs is the lead committee.) See also Amended Resolution 19(18) Reduction of Scholarly Activity Requirements by the ACGME.

Outcome: The subcommittee collaborated with eleven EM organizations to develop a manuscript and joint policy statement for core faculty protected time. The manuscript is under publication consideration by a peer-reviewed journal. The Board of Directors approved the joint policy statement "[Compensated Time for Faculty Academic Administration and Teaching Involvement](#)" in June 2019.

14. Explore development of an information paper, FAQs, or other resources to address falsifying data in research. Collaborate with the Research Committee. (Academic Affairs is lead committee.)

Outcome: The subcommittee has compiled a list of resources that will be available on the ACEP website under "Ethics" and "Legal" resources.

15. Work with the Well-Being Committee (resident perspective) and the Wellness Section to study the unique, specialty-specific factors leading to depression and suicide in emergency physicians and formulate an action plan to address the contributory factors unique to emergency medicine and provide a report of the findings to the 2019 Council as directed in Resolution 16(18) No More Emergency Physician Suicides. (Well-Being is the lead committee.)

Outcome: Subcommittee members are compiling resources that address physician suicide. Additionally, the subcommittee participated in ACEP's campaign to raise awareness about suicide during Suicide Prevention Week (September 2019). The subcommittee recommended to the Well-Being Committee to not use "Contracting for Safety" for persons with suicide risk and use of the term "died by suicide" rather than "committed suicide."

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Audit Committee

Chair: Josh Moskovitz, MD, FACEP

Board Liaison: Mark S. Rosenberg, DO, MBA, FACEP, Secretary Treasurer

Staff Liaison: Layla Powers, MBA

1. Oversee the audit function of the College as stated in the Audit Committee charter.

Outcome: The committee reviewed the audited financial statements with the auditors from BKD. The committee reviewed the IRS form 990 and it was reviewed by the Board in October 2018, before the filing deadline of November 15, 2018.

2. Continue to monitor and test the Cyber Security System.

Outcome: Optiv completed a Clinical Emergency Data Registry (CEDR) Application Security Assessment in June/July 2018. Optiv reviewed the CEDR/FIGmd internal documentation and created a threat analysis of likely attacker goals based on input from the application owners and the assessment team's experience. The Optiv team performed testing procedures and identified two medium severity and give low severity vulnerabilities. The plan is to continue to work with the CEDR vendor (FIGmd) to monitor and increase security. FIGmd continues to work towards achieving their HITRUST CSF and is expected to finish the process by the end of calendar year 2019.

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Awards Committee**

Chair: William P. Jaquis, MD, FACEP

Board Liaison: William P. Jaquis, MD, FACEP, President-Elect

Staff Liaison: Sonja Montgomery, CAE

1. Recommend 2019 award recipients.

Outcome: The Board approved the committee's recommendations in June 2019 and selected the following award recipients:

John G. Wiegenstein Leadership Award

Sandra M. Schneider, MD, FACEP

James D. Mills Outstanding Contribution to Emergency Medicine Award

Ramon W. Johnson, MD, FACEP

Judith E. Tintinalli Award for Outstanding Contribution in Education

William "Ken" Milne, MD

Outstanding Contribution in Research Award

Rebecca M. Cunningham, MD, FACEP and Gail D'Onofrio, MD, FACEP

Outstanding Contribution in EMS Award

Robert E. O'Connor, MD, FACEP

Colin C. Rorrie, Jr. Award for Excellence in Health Policy

Peter J. Jacoby, MD, FACEP

Policy Pioneer Award

Megan L. Ranney, MD, FACEP

John A. Rupke Legacy Award

Juan A. Gonzalez-Sanchez, MD, FACEP

Honorary Membership Award

Lowell Gerson, PhD and Laura Gore

Pamela P. Bensen Trailblazer Award

Andrew I. Bern, MD, FACEP

Diane K. Bollman Chapter Advocate Award

Elena Lopez-Gusman

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Bylaws Committee

Chair: Larissa Traill, MD, FACEP

Board Liaison: Jon Mark Hirshon, MD, MPH, PhD, FACEP, Vice President

Staff Liaison: Leslie Patterson Moore, JD

1. Provide ongoing review of national Bylaws to identify areas where revision may be appropriate and submit recommendations to the Board of Directors.

Outcome: No revisions to the current Bylaws were identified.

2. Continue implementation of the revised Chapter Bylaws Review Plan.

Outcome: The committee has continued to utilize the revised *Chapter Bylaws Review Plan* and contacted chapter representatives to discuss committee suggestions to the chapter's bylaws.

3. Review and revise the chapter bylaws review and approval process to ensure effectiveness and efficiency. Reassess communications with chapters and educate committee members on best practices to accomplish their assigned tasks.

Outcome: The committee utilized a standard review plan and members were assigned for reporting on the status of chapter bylaws reviews.

4. Review proposed 2019 Bylaws resolutions to determine if there are conflicts with other portions of the Bylaws. Review proposed 2019 Council Standing Rules and proposed 2019 College Manual resolutions to determine if there are implications for the Bylaws if these resolutions are adopted. Provide comments to the resolution authors as needed.

Outcome: The committee reviewed one Bylaws amendment and two College Manual amendments that were submitted to the 2019 Council.

5. Review 2018 Bylaws amendments adopted by the Council and the Board for potential Bylaws Committee action.

Outcome: The committee reviewed the 2018 Bylaws amendment adopted by the Council and the Board. No conflicts with other sections of the Bylaws or revisions were identified.

6. Complete revisions to the Guidelines for Bylaws and Model Chapter Bylaws.

Outcome: The committee's revisions will be submitted to the Board of Directors for review and approval in October 2019.

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Bylaws Interpretation Committee

Chair: Elected by Committee Members

Board Liaison: Vice President

Staff Liaison: Leslie Moore, JD

Note: The committee is assigned as needed for definitive interpretation of Articles VIII – Council, IX – Board of Directors, X – Officers/Executive Director, XI – Committees, and XIII – Amendments, of the ACEP Bylaws.

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Clinical Emergency Data Registry Committee

Chair: Abhi Mehrotra, MD, FACEP

Board Liaison: James J. Augustine, MD, FACEP

Staff Liaison: Pawan Goyal, MD

1. Develop data analytics capabilities to meet the following goals
 - a. Annual data validation and reliability testing
 - b. Annual reporting of summary statistics and benchmarking
 - c. Cleaned, deidentified data for research
 - d. Ad hoc responses to government requests

Outcome: Two Data Summits were held at ACEP (February and July 2019) as part of a collaborative effort with EMF to operationalize the use of data residing in the Clinical Emergency Data Registry for future EM research. Initial domains were identified and work is ongoing to continue the build-out of a research data analytics platform. Collaborated with Vituity in response to CMS' request to harmonize ACEP's Sepsis quality measure.

2. Support the quality development lifecycle by providing feedback on existing quality measures and supporting testing efforts for new quality measures.

Outcome: Comments were submitted to various external organizations in response to their measure development and testing results to include the MIPS Specialty Measure Sets, STEMI eCQM Measures, CMS MAP/MUC List, and the American Academy of Neurology Measure Sets.

3. Revise and update the Clinical Emergency Data Registry dashboard to provide continuous quality feedback to members.

Outcome: Conducted a participant survey to identify improvement areas and created an improvement plan as part of continuous quality improvement efforts. Webinars were conducted providing updates and education to registry participants and ACEP members on a variety of topics, such as: ACEP Quality Measure Updates, 2019 CMS QPP Final Rule, APMs within the Quality Payment Program, and CMS Meaningful Measure Initiative.

4. Review materials developed by ACEP staff that support the Clinical Emergency Data Registry.

Outcome: 2018 MIPS performance results were released on ACEP's website for participants and members to access their MIPS score and understand the implications for payment adjustments made by CMS.

5. Publish a quarterly newsletter for participants.

Outcome: The committee has published newsletters for each quarter and distributed communications to participants and committee members to provide updates relating to CEDR and the effects of policies and regulations on MIPS reporting.

6. Work with E-QUAL and ABEM to develop a learning lifecycle for ACEP members.

Outcome: The committee worked with the Quality & Patient Safety Committee to define requirements to Ongoing Professional Practice Evaluation through process improvement and a survey was distributed. Survey results were utilized in development of a paper by the Quality & Patient Safety Committee.

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Clinical Policies Committee

Chair: Stephen J. Wolf, MD, FACEP

Board Liaison: Jon Mark Hirshon, MD, PhD, MPH, FACEP

Staff Liaisons: Rhonda Whitson, RHIA, Travis Schulz, MLS, AHIP

1. Continue to monitor clinical policies developed by other organizations, abstract information pertinent to emergency medicine, post the abstraction on the ACEP website, and communicate the information to members through ACEP communications.

Outcome: Abstract of the American College of Physicians' guideline on management of low back pain added to the ACEP website. Highlights of the American Heart Association/American Stroke Association 2018 guidelines related to endovascular therapies in ischemic stroke added to the ACEP website.

2. Review and comment on other organizations' guidelines under development or for which endorsement has been requested, post the endorsement information on the ACEP website, and communicate the information to members through ACEP communications.

Outcome: Comments were provided by members on guidelines from the following organizations:

- American Academy of Otolaryngology – Head and Neck Surgery (epistaxis)
- American College of Occupational and Environmental Medicine (hip and groin disorders)
- American Heart Association CoSTR ILCOR (glucose administration in first aid for hypoglycemia; recommendations for advance airway management during adult cardiac arrest; vasopressors in adult cardiac arrest)
- American Society of Hematology (immune thrombocytopenia; sickle cell disease-related pain)
- Brain Attack Coalition (recommendations related to stroke centers and stroke systems of care)
- Infectious Diseases Society of America (influenza)
- American Heart Association/American College of Cardiology Foundation (evaluation and diagnosis of chest pain)

The following guidelines were endorsed by ACEP and information shared with the membership on the ACEP website:

- American Academy of Otolaryngology-Head and Neck Surgery Foundation – sudden hearing loss.

3. Provide recommendations for appointments to outside entities requesting member representation on guideline development panels.

Outcome: Recommendations were provided and approved for new appointments of members to the following outside guideline groups:

- American Heart Association/American College of Cardiology (Chest Pain Data Standards)
- American College of Cardiology/American Heart Association (Guideline for the Evaluation and Diagnosis of Chest Pain)
- American College of Cardiology (2019 content peer reviewer for decision pathway for heart failure)
- American College of Radiology Appropriateness Criteria (representatives were appointed to 30 different topic areas)
- Brain Trauma Foundation (Severe traumatic brain injury algorithm)
- Infectious Diseases Society of America (community-acquired pneumonia in children)

Member representation related to guidelines continued to the following organizations:

- American College of Cardiology/American Heart Association
- American College of Obstetrics and Gynecology
- American Heart Association – ACLS Subcommittee and Emergency Cardiovascular Care Committee
- Brain Attack Coalition
- Brain Trauma Foundation
- Centers for Disease Control and Prevention
- Infectious Diseases Society of America; Surviving Sepsis Campaign

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- American College of Cardiology ACTION Registry Steering Committee
- American Dental Association guideline on antibiotic therapeutics
- American Dental Association general Council on Scientific Affairs
- The Joint Commission Stroke Committee

4. Continue updating or modification of current clinical policies as necessary:

- a. Opioids: (Include elements of Amended Resolution 35-15: Create clinical practice guidelines for treatment of patients presenting to the ED in opioid or benzodiazepine withdrawal; and create a practice resource to educate emergency providers about the science of opioid and benzodiazepine addiction.)

Outcome: Literature was selected and graded. Document is being drafted.

- b. Acute heart failure syndromes

Outcome: The critical questions were finalized and acquisition of literature is in progress.

- c. Headache

Outcome: The headache policy was approved by the Board in June.

- d. Mild traumatic brain injury

Outcome: The draft critical questions were finalized; ready for literature acquisition.

- e. Community-acquired pneumonia

Outcome: The document is being drafted.

- f. Appendicitis

Outcome: The questions were finalized. Literature has been selected and ready for grading.

- g. Acute blunt abdominal trauma

Outcome: Subcommittee is finalizing drafting of critical questions.

- h. Asymptomatic elevated blood pressure

Outcome: Subcommittee assignments were made.

- i. Procedural sedation

Outcome: Subcommittee assignments were made.

- j. Seizures

Outcome: Subcommittee assignments were made.

- k. Thoracic aortic dissection

Outcome: Subcommittee members were appointed.

- l. tPA for acute ischemic stroke

Outcome: Subcommittee members were appointed.

5. Serve as a resource and continue working with the Quality & Patient Safety Committee to identify performance measures in new and revised clinical policies.

Outcome: The Quality & Patient Safety Committee is asked to provide input to the clinical policy development process during the question and review stages. A member of the Quality & Patient Safety Committee serves as a liaison to the Clinical Policies Committee and participates in the committee meetings and conference calls.

6. Review the following policy per the Policy Sunset Review Process:

- Use of Peak Expiratory Flow Rate Monitoring for Management of Asthma in the ED (and PREP)

Outcome: The policy statement "[Use of Peak Flow Rate Monitoring for Management of Asthma in the ED](#)" and the PREP were reaffirmed by the Board in January 2019.

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Coding & Nomenclature Advisory Committee

Chair: David Friedenson, MD, FACEP

Board Liaison: L. Anthony Cirillo, MD, FACEP

Staff Liaison: David McKenzie, CAE

1. Identify and analyze Medicare, Medicaid, and private payer claims processing policies that deviate from CPT principles and/or documentation guidelines and recommend strategic solutions. Track payer issues such as denials, rates, appeals, and pay for performance. Monitor the Recovery Audit Contractor (RAC), and other audit activities, and react appropriately to issues affecting emergency medicine.

Outcome: The committee identified and provided analysis on numerous private payer claims processing policies that were found to have deviated from standard CPT principles and/or documentation guidelines and recommended actions including reaching out to payers for clarification, adjustment, and/or reconsideration of policies deemed harmful to emergency medicine reimbursement. It also conducted monthly reviews to track Medicare and Medicaid RACs for issues related to recovery of improperly paid claims as well as contractual agreements. The committee provided assistance and testimony to state ACEP chapters with coding related denials and downcoding problems with regional MACs and insurers.

2. Track ICD-10 implementation and continue to provide educational material on ICD-10 for members to aid in their reimbursement. Collaborate with content experts from the Quality & Performance Committee to ensure ACEP measures use appropriate ICD-10-CM/PCS mapping assignments. Continue to monitor the impact of ICD-10 implementation, evaluate the effect on reimbursement, and modify educational materials as needed.

Outcome: The committee continued to review downcoding policies by payers and lists of diagnosis codes used unfairly to lower reimbursement or deny payment to emergency physicians. Submitted a proposal for new ICD-120 codes describing flank pain to the ICD-10 Coordination and Maintenance Committee. Submitted comments on 14 diagnostic proposals for ICD-10.

3. Continue to advocate nationally for emergency medicine issues through the AMA CPT process and through possible CMS development of physician or facility documentation guidelines. Monitor efforts for transparency and claims processing edits. Explore development of an ED-specific code, such as using alternative payment models (APMs), for care coordination or transition to the post-acute setting.

Outcome: Focused on clarifying how to report multiple day stays in the ED for behavioral health patients, who are now not compensated beyond the first day, even if they stay for weeks. An article providing direction to use observation codes for subsequent days was published in the July *CPT Assistant*. Continued to work on favorable CPT language for fracture care in ED in general and reporting nasal fracture specifically. The CPT team spent much of the year representing ACEP's interests in the efforts to revise the CPT documentation guidelines for E/M services. Additionally, the committee provided expert advice on facility mapping issues to both MedPAC and for addressing Optum's facility selection software.

4. Identify and develop educational materials such as articles, webinars, and Frequently Asked Questions (FAQs) to provide members with up-to-date information that will facilitate an effective balance between optimal coding and compliance.

Outcome: Reviewed all coding relevant material on the ACEP website and updated the FAQs as needed. Revised or created 12 FAQs and five Coding Pearls. Submitted several Coding Wizard articles for *ACEP Now* articles for publication on developing topics.

5. Develop a strategy to seek reimbursement for counseling on safe opiate use, reversal agent instruction, and drug abuse counseling for patients as directed in Resolution 28(16) Reimbursement for Opioid Counseling.

Outcome: Prior efforts to secure a CPT code describing this activity were unsuccessful. Instruction from CPT was to use current E/M codes to capture this service. A coding approach is unlikely to succeed. A regulatory solution may be more successful.

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6. Investigate the creation of a mechanism to collect information for use in fighting down-coding and show value of ED services and make a recommendation for implementation.

Outcome: The committee drafted and submitted ICD-10 code proposals to describe presentations that would reflect prudent layperson type situations, which have been downcoded in recent years.

7. Explore developing codes for alternative payment models, including community paramedicine and mobile integrated health care. Collaborate with the EMS Committee and other committees as needed. (CNAC is the lead committee.)

Outcome: The CPT Editorial Panel is resistant to developing provider specific codes of this nature, preferring that any qualified provider use the existing codes that accurately describe the service rendered. The CNAC recommended not moving forward with this objective.

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Compensation Committee

Chair: Marco Coppola, DO, FACEP

Board Liaison: None

Staff Liaison: Layla Powers, MBA

1. Establish stipends for Board members, Board officers, and Council officers.

Outcome: The committee recommended no increase in Board member and officer positions for 2018-2019. The current officer and non-officer stipends are:

President	\$139,933
President-Elect	\$101,759
Chair	\$ 33,713
Vice President	\$ 33,713
Secretary-Treasurer	\$ 33,713
Immediate Past President	\$ 33,713
Speaker	\$ 33,713
Vice Speaker	\$ 17,371
Non-Officer Board Members	\$ 10,428

2. Monitor compensation trends for the Board of Directors and officers of other medical specialties to ensure ACEP members are compensated appropriately.

Outcome: The Compensation Committee will not consider further adjustments in stipends until the recommendations from the Governance Task Force are implemented or until a significant change in the CPI occurs.

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Disaster Preparedness & Response Committee

Chair: Marc Rosenthal, DO, FACEP

Board Liaison: Christopher S. Kang, MD, FACEP

Staff Liaison: Pat Elmes, EMT-P

1. Continue to utilize identified national and international organizations active in disaster medical preparedness and response to assure appropriate liaisons and channels of communication with ACEP to seek opportunities to increase collaboration and development of in-time resources available to working ED doctors for when events happen.

Outcome: “[Just in Time](#)” resources are available on the ACEP website in response to current disasters as they occur. The committee identified additional groups for response resources, such as the National Wildfire Coordinating Group. Five abstracts on Disaster Medicine were presented at the World Association for Disaster and Emergency Medicine (WADEM) Conference. Several committee members met at the WADEM Conference in Australia and discussed ideas for greater international collaboration.

2. Collaborate with the Disaster Medicine Section and the Pediatric Emergency Medicine Committee to explore incorporating an advanced level within the existing Mass Casualty Medical Operations Course or a separate course using the current course as a prerequisite. (Disaster Preparedness & Response Committee is the lead committee.)

Outcome: Updated and revised the Mass Casualty Operations Management Course curriculum with the addition of a pediatric component. The committee is exploring collaboration with facilities seeking approval for a federal grant regarding pediatric centers of excellence to include an aim of developing a second pediatric Mass Casualty Operations Management Course.

3. Develop recommendations for improved system response in disasters and high threat situations through ACEP interaction with related external organizations such as ACS, NDMS, federal governmental agencies, ACOEP and hospitals, as well as, other ACEP committees and sections to develop recommendations for disasters and high threat situations.

Outcome: Identified additional key stakeholders, gaps, and methods for further improvement through existing and new collaboration. A guidance document is in development to provide a standardized approach.

4. Implement the Disaster Medical Sciences Award.

Outcome: Nominations were reviewed and the Board approved the recipient in June 2019.

5. Monitor the national disaster medicine environment for federal regulations, new guidelines, standards, and technologies that potentially significantly impact disaster medicine and provide recommendations to the Board as needed.

Outcome: Monitored and provided updates on several legislative matters, including the CMS Burden Reduction Rule that resulted in ACEP submitting a letter to CMS. Began working on an information paper, “New and Emerging Threats,” that will be submitted to the Board for review when completed.

6. Serve as a resource and provide input to the Education Committee to explore online and other EMS, disaster, and other related training for emergency physicians. (Education is the lead committee.)

Outcome: Input was provided was requested, including submission of disaster related courses at ACEP18 for consideration of online offerings.

7. Collaborate with fellowship directors to compile a list/database of all disaster fellowships and similarities/differences and continue to explore development of a Disaster Medicine board certification.

Outcome: Monitored current and new disaster fellowship programs. The disaster fellowship directors submitted a request for approval for one-year and two-year Disaster Medicine Fellowships to the Society of Academic Emergency Medicine

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(SAEM), which was approved.

8. Explore ways to collaborate with existing groups, such as the National Center for Disaster Public Health (NCDPH), to collect disaster data and engage members to share data and reports about disaster events.

Outcome: Collaborated with the EMS Committee and the EMS High Threat Subcommittee. The process and targeted gaps are identified in a guidance document being developed (see objective #3). exploration of an NTSB-like model for data retrieval.

9. Review the following policies per the Policy Sunset Review Process:

- [Disaster Medical Response](#)

Outcome: The Board reaffirmed the policy statement in June 2019.

- [Handling of Hazardous Materials](#)

Outcome: Revised policy statement approved by the Board in June 2019.

- [Support for National Disaster Medical System and Other Response Teams](#)

Outcome: Revised policy statement approved by the Board in June 2019.

10. Provide input to the EMS Committee to continue the work started by the High Threat Casualty Care Task Force (HTCCTF) towards:

- creation of a high-threat incident database, standardized data-gathering tool, and support the creation of data-gathering rapid response to enable rapid dissemination of lessons-learned
- enhance the translation of military lessons learned, consistent with Mission Zero, throughout the emergency medicine community
- develop a public relations information campaign centered on mitigation, preparedness, response to and recovery from high-threat incidents. (EMS the lead committee.)

Outcome: Committee liaisons were assigned to the EMS High Threat Subcommittee and workgroup leaders in areas identified by the National Academies of Sciences, Engineering, and Medicine (NASEM) recommendations: a) preparedness and response; b) identify, evaluate, and implement mechanisms that ensure the inclusion of prehospital care; c) assigning a focus of accountability and responsibility to ensure development of common best practices, data standards, research, and workflow across the continuum of trauma care; d) strengthen trauma research and ensure that the resources available are commensurate with the importance of injury and the potential for improvement in patient outcomes; e) identify existing ACEP priorities and coordinate with legislative strategy related to the strengthening of the U.S. trauma system; f) engage vigorously in education, advocacy and outreach activities related to integration of civilian and military emergency and trauma response systems; and g) continue support for Committee for Tactical Emergency Casualty Care and coordinate efforts with other ACEP committees, sections and partner organizations around national guidelines.

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Education Committee**

Chair: Matthew Bitner, MD, FACEP
Board Liaison: Kevin M. Klauer, DO, EJD, FACEP
Staff Liaison: Michele Byers, CAE, CMP

1. Identify member educational needs based on assessments from a variety of sources, including state and facility CME requirements, board certification requirements, quality measures, test results, activity evaluations, member surveys, ACEP.org search terms and ACGME Milestones.

Outcome: Course and faculty evaluations were collected for each educational meeting and the data used to assess the quality of the education program and to select future speakers and course content. An overall evaluation of each educational meeting was also conducted to assess the entire program and obtain additional course content desired by the learners and was used for future planning. Attendee and faculty cadaver lab post-conference survey was used to measure procedures to retain and omit. All other skills labs have a check-off list that the moderator completes before, during, and after the lab to ensure continuing improvement and future needs assessment.

2. Design, implement, evaluate, and revise educational activities that meet identified needs and enhance ACEP's position as the primary source for state-of-the-art emergency medicine education, including:
 - a. Live and enduring CME activities on the emergency medicine core content designed to reinforce cognitive expertise.

Outcome: New content was added to PEER to help members prepare for ABEM exams. PEER editors and staff developed a proposal to improve PEER and develop a new product for the ABEM "MyEMCert" track. *Electrocardiography in Emergency, Acute, and Critical Care* (Mattu, Tabas, Brady) was released in January 2019. A special edition of *Critical Decisions* on cardiovascular emergencies was released in March.

- b. Alternative educational opportunities such as simulation courses for procedural competencies and skills.

Outcome: Two cadaver labs as pre-conference events and two simulation based hands-on skills labs during *Scientific Assembly* used simulation specifically to increase procedural competency. All other skills labs at *Scientific Assembly* included some simulation education as well. Preparations have begun to return the Sim Course in 2020.

- c. Mobile and online CME courses and other activities that incorporate new learning technologies.

Outcome: The Online Education Subcommittee recommended new ACEP eCME courses on trauma, stroke, cardiovascular disorders, orthopedic emergencies, dermatology, procedures and skills, airway management, and critical care, all of which were released during the committee year. Courses on timely topics such as vaccinations, opioids, NOACs, care of elderly patients, and soft tissue infection were developed from content in *ACEP Now* and *Annals* and released throughout the year.

- d. Podcasts, social media, FOAMed.

Outcome: New episodes of "ACEP Frontline" (weekly) and "Critical Decisions in Emergency Medicine" (monthly) were released throughout the year.

- e. Performance Improvement-CME activities approved for the ABEM Improvement in Medical Practice requirements; Explore MOC on Mental Health in the ED (Adults and Children).

Outcome: The Continuous Competence and Certification Subcommittee completed pediatric readiness and palliative care activities and received ABEM approval. ABEM also renewed approval of the imaging in mTBI activity. A new activity on opioid use disorder is in development. The subcommittee will address the mental health activity in the 2019-20 committee year.

- f. Digital editions of ACEP titles published for a variety of reading devices.

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Outcome: eBook edition of new ECG book released April 2019 and is available for all devices through multiple retailers.

- g. EMS subspecialty certification prep resources.

Outcome: Worked with NAEMSP to update and revise the EMS subspecialty certification prep course. The course was offered in June and July 2019.

- h. Activities designed to help students, residents, and young physicians during early years of practice.

Outcome: Many courses at *ACEP18* and planned for *ACEP19* are indicated for resident education. Special registration pricing is available for residents for ED Directors Academy to gain the ED management and leadership education that is not typically taught during residency, as well as a financial management course for young physicians. These courses are available on Virtual *ACEP18*. Discounted prices on educational products are offered to all ACEP resident members. *Critical Decisions* subscriptions are free to all resident members through their first year of regular ACEP membership. “First Friday” lectures given to all resident members are chosen from both clinical and practice management content to introduce residents to topics that might not be covered during their training. Deep discounts on PEER are offered to residency programs that subscribe to dashboard accounts.

- i. Activities specific to the issue of litigation stress.

Outcome: A course was included in EDDA Phase I in 2018 and 2019.

- j. Educational products related to the Clinical Emergency Data Registry Learning Collaborative.

Outcome: Several free educational resources selected by E-QUAL were added to the ACEP eCME catalog.

- k. Educational products related to Geriatric Emergency Department Learning Collaborative.

Outcome: A Geriatric ED pre-conference was held at *ACEP18* and will be held again at *ACEP19*.

- l. Develop educational products for preventing prescription opioid misuse and addiction

Outcome: ACEP eCME includes 14 courses on opioids, safe prescribing, alternatives, and treatment of withdrawal. The Continuous Competence and Certification Subcommittee developed an ABEM-IMP activity on opioid use disorder that will be released in October 2019. It is supported by Substance Abuse and Mental Health Services Administration (SAMHSA) grant funding.

3. Submit a nomination for the 2019 ACEP Award for Outstanding Contribution in Education.

Outcome: A nomination was submitted by the deadline for consideration by the Awards Committee.

4. Pursue strategic partnerships with publishers and other organizations that contribute to the College’s CME mission, goals, and objectives.

Outcome: ACEP partnered with the National Association of Freestanding Emergency Centers (NAFEC) to plan and implement their conference. Relationships with publishers, including McGraw-Hill (Tintinalli), Hippo Education (LLSA board prep and ERCast), Jones and Bartlett Learning (eACLS, ECSI, APLS), EvidenceCare, SonoSim, and Visual Dx continued to expand the reach of the ACEP brand in emergency medicine education and generate non-dues revenue through royalty payments.

5. Develop CME activities for physicians and providers practicing emergency medicine in resource-limited settings.

Outcome: Several courses at *ACEP18* and *ACEP19* were identified and promoted as rural interest.

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6. Explore cost-efficient ways to provide education to international emergency physicians. Enhance ACEP's expertise internationally in marketing publications and meetings. Design and implement ACEP International Global Leadership program. Create ACEP Live channel for International members and audience to have access to educational online products.

Outcome: Identified and corrected Virtual ACEP access issues. Distributed 10 videos and will distribute 10 additional videos based on utilization reports. ACEP endorsed several international emergency medicine conferences and many ACEP members attended the International Conference on Emergency Medicine in Hong Kong. A new International Emergency Medicine Committee was created that will work on the ACEP International Global Leadership program in the 2019-20 committee. The ACEP live channel is on hold because of internal staffing issues.

7. Explore online and other EMS, disaster, and other related training for emergency physicians. Collaborate with the EMS Committee and the Disaster Preparedness & Response Committees. (Education is the lead committee.)

Outcome: Continuing to explore development of an EMS protocol development course and a course to teach better use of simulation training for EMS personnel by the EMS medical director. Also reviewing EMS and related courses offered during *ACEP18* for packaging as an EMS topic bundle.

8. Maximize the delivery platform for educational products to improve discoverability and access.

Outcome: Virtual *ACEP18* released a series of courses and the keynote speech at no charge for a select period, which increased overall usage of the virtual product and post conference sales increased by 100%. The release of the free courses dramatically improved discoverability of the virtual product which added 30% new purchasers to our catalog.

9. Continue exploring ways to increase diversity in the faculty for ACEP educational meetings and education programs. Ensure educational products to include diversity and inclusion throughout offerings and include topics such as unconscious bias in clinical care and practice management.

Outcome: The Educational Meetings Subcommittee emphasized and achieved an increased level of diversity in planning *ACEP18* and *ACEP19*. A course about unconscious bias was offered at *ACEP18*.

10. Provide oversight for ACEP's international initiatives, including the international ambassador program and conference, international conference support, *Scientific Assembly* international scholarship program, and international networking reception at *Scientific Assembly*. Also provide oversight on projects involving educational offerings for international members/societies. Collaborate with the International Emergency Medicine Section.

Outcome: *ACEP19* will launch the Global Village on the exhibit floor for international emergency medicine associations to be represented and collaborate with ACEP members on international initiatives and education. The new International Emergency Medicine Committee will be responsible for this objective in the 2019-20 committee year.

11. Collaborate with the Well-Being Committee to complete development of interactive tutorials on resiliency strategies for members as part of Wellness Week activities and explore the possibility of providing CME. (Well-Being is the lead committee.)

Outcome: The committee is available to assist the Well-Being Committee when requested.

12. Explore online and other EMS, disaster, and other related training for emergency physicians. Collaborate with the EMS Committee and the Disaster Preparedness & Response Committee. (Education is the lead committee)

Outcome: Continuing work on revisions to the pre-conference course Mass Casualty Medical Operations Management to include additional information on treating pediatrics during disasters and exploring development of an advanced level disaster planning course.

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13. Provide input to the Pediatric Emergency Medicine Committee to develop a simulation-based consensus curriculum for pediatric emergency medicine, in collaboration with other organizations and for open access. (Pediatric Emergency Medicine is the lead committee.)

Outcome: The Simulation Subcommittee is developing a case repository for the Sim course and future simulation-based education. The subcommittee will contact the Pediatric Emergency Medicine Committee and EMRA's Simulation Committee for input and collaboration when the project is ready for review and input.

14. Provide input to the National/Chapter Relations Committee to develop resources to address the needs of small and medium sized chapters that were identified by the 2018 chapter services survey. (National/Chapter Relations is the lead committee.)

Outcome: The committee is available to assist the National/Chapter Relations Committee when requested.

15. Work with the Research Committee to implement a research plenary session during the *ACEP19* opening session. (Education is the lead committee.)

Outcome: *ACEP19* will include "The Brooks Bocks Lecture and Abstract Session."

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Emergency Medicine Practice Committee

Chair: Michael A. Turturro, MD, FACEP

Board Liaison: Alison J. Haddock, MD, FACEP

Staff Liaison: Margaret Montgomery, RN, MSN

1. Review the following policies per the Policy Sunset Review Process:

- [Crowding](#)

Outcome: Revised policy statement approved by the Board in April 2019.

- [Economic Credentialing](#)

Outcome: The revised policy statement was approved by the Board in January 2019.

- [Emergency Medicine Telemedicine](#)

Outcome: Review of this policy statement is pending input from the EM Workforce Task Force.

- [EMTALA and On-call Responsibility for Emergency Department Patients](#)

Outcome: Reaffirmed by the Board in January 2019.

- Guidelines Regarding the Role of Physician Assistants and Advanced Practice Registered Nurses in the Emergency Department

Outcome: Review of this policy statement is pending input from the Emergency PA/NP Utilization Task Force.

- Patient Medical Condition Identification Systems

Outcome: The Board of Directors approve a revised policy statement with the revised title [“Patient Information Systems.”](#)

- [Patient Support Services](#)

Outcome: The revised policy statement was approved by the Board in April 2019.

- [Providers of Unsupervised Emergency Department Care](#)

Outcome: Reaffirmed by the Board in January 2019.

- [Providing Telephone Advice from the Emergency Department](#)

Outcome: The revised policy statement was approved by the Board in January 2019.

2. Compile information on existing models for addressing transitions of care for patients with opioid use disorders. Collaborate with the Pain Management & Addiction Medicine Section and the Public Health & Injury Prevention Committee. (Emergency Medicine Practice is the lead committee.)

Outcome: The information paper [“Models for Addressing Transitions of Care for Patients with Opioid Use Disorder”](#) was reviewed by the Board in June 2019.

3. Collaborate with the Pain Management & Addiction Medicine Section to explore development of webinars on alternatives to opioid treatments highlighted in the web based app. (Emergency Medicine Practice is the lead committee.)

Outcome: [Managing Acute Pain in the ED](#) (MAP) videos were developed by the Pain Management & Addiction Medicine Section and are linked to the MAP Point of Care Tool.

4. Continue to review and provide input to outside organizations (such as AHA, TJC, AMA) on emergency medicine practice issues.

Outcome: The committee provided input on the following:

- November 2018 – TJC National Patient Safety Goal – Communication of test results.
- January 2019 – American Academy of Pediatrics Committee on Pediatric Emergency Medicine (COPEM) review

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and comment “Crowding in the Emergency Department: Challenges and Recommendations.”

- January 2019 – request for endorsement – ACMT policy statement: “Buprenorphine Administration in the ED”
- April 2019 – Low-Acuity Patient Treatment Station R\review and comment.
- May 2019 – policy statement draft “Advanced Practice Provider Point-of-Care Ultrasound,” comments requested by the Emergency Ultrasound Section.
- July 2019 – revisions to the “EM Model of Clinical Practicr.”
- July 2019 – review REBOA Guidelines from the ACS-COT.

5. Review and identify gaps in current bedside tools for clinicians.

Outcome: Developed a list of conclusions based on discussion of the development of bedside tools. The term “tools” can be interpreted multiple ways. Committee members were asked to comment on a list of potential tools including calculators, discharge instructions, sample hospital policies, scripting, dedicated ACEP app, compiling resources on the ACEP website, and asked for input. There was support for ED administrative toolbox, links to clinical calculators, apps that have recommendations from ACEP that may be slightly different than a national organization (i.e. TPA/CVA stroke vs. AHA) to highlight clinically relevant differences.

6. Implement the 2019 Community Emergency Medicine Award and Innovation in Practice Award.

Outcome: The nominations were reviewed and the recipients were approved by the Board in June 2019.

7. Work with the Well-Being Committee and determine if ACEP’s “Physician Impairment” policy statement needs to be revised or if a new policy statement is needed to address physician mental health and to aid in reducing physician barriers to mental health care (Amended Resolution 18-18 Reducing Physician Barriers to Mental Health Care). (Well-Being is the lead committee.)

Outcome: The committee is available to assist the Well-Being Committee when requested.

8. Work with stakeholders, including the Federation of American Hospitals and the American Hospital Association, and others as appropriate, to develop a standardized and streamlined application process for hospital credentialing, including standardized forms for verification of training, peer references, verification of employment, and employment applications for board eligible or board-certified emergency physicians. (Resolution 20-18 Verification of Training)

Outcome: Available information on standardized methods for verification of training were compiled. The National Association of Medical Staff Services (NAMSS) and American Medical Association staff were contacted. It was identified that a standardized form, the “[Verification of Graduate Medical Education Training Form](#)” was drafted in 2016 and updated in 2017. For 2016 and future graduates, this form is completed one time by the program director at the completion of internship, residency or fellowship. One form is to be completed for each program completed. The completed, signed form is then included in the trainee’s file for verification when requested in the future. NAMSS continues to work with stakeholders on this issue and have identified blockchain technology as a potential way forward to verify and share credentialing information. Data elements have been defined and forms have been developed to standardize the process but, there is still significant work to be done to develop mechanisms to share and verify credentialing data.

9. Review Amended Resolution 21(18) Adequate Resources for “Safe Discharge” Requirements and determine if additional language is needed to develop a policy statement.

Outcome: The Board approved the policy statement “[Safe Discharge from the Emergency Department](#)” in June 2019.

10. Collaborate with the Public Health & Injury Prevention Committee to review Amended Resolution 36(18) ACEP Policy Related to Medical Cannabis and determine if additional language is needed to develop a policy statement. (EM Practice is the lead committee.)

Outcome: The Board approved the policy statement, “[Medical Cannabis](#)” in June 2019.

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11. Work with the Coalition on Psychiatric Emergencies to develop a psychiatric boarding toolkit to address care of the boarded behavioral health patient as directed in Amended Resolution 39(18) Care of the Boarded Behavioral Health Patient. (EM Practice is the lead committee.)

Outcome: The committee reviewed work that has already been completed, contacted chapters and directors and other organizations working on these issues including Project Beta, the National Institute of Mental Health, The Wellbeing Trust, American Association for Emergency Psychiatry, California ACEP, the American Institute of Architecture, and the Veterans Administration. A list of resources highlighting work that has already been done will be reviewed by the Board in October 2019 and will then be available on the ACEP website. The committee will continue communication with the Institute for Healthcare Improvement and the Wellbeing Trust to review conclusions to disseminate and build on their work in the 2019-20 committee year.

12. Work with relevant stakeholders to develop and disseminate educational materials for emergency physicians on the common conditions that cause individuals with Autism Spectrum Disorder to present to the ED. (Resolution 40-18 Care of Individuals with Autism Spectrum Disorder in the ED)

Outcome: Content experts were identified and are working with committee members on content development for a point of care tool that will provide succinct information on autism spectrum disorders, barriers to care for these patients, best practices for interacting with ASD patients, medical and/or psychiatric conditions that may be present, recommendations for managing agitation, and additional resources on this condition.

13. Develop a toolkit to address the emergency physician's role and responsibility for the completion of death certificates for patients who have died in the ED under their care. (Amended Resolution 41-18 ED and Emergency Physician Role in the Completion of Death Certificates)

Outcome: The Board approved the policy statement "[The Role of Emergency Physicians in the Completion of Death Certificates](#)" in June 2019.

14. Work with the Pain Management & Addiction Medicine Section to develop guidelines on the initiative of medication for opioid use disorder for emergency department patients. (Amended Resolution 47-18 Supporting Medication for Opioid use Disorder)

Outcome: The [BUPE](#) point-of-care tool was developed for the use of Buprenorphine in the ED.

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EMS Committee

Chair: Julio Lairet, DO, FACEP

Board Liaison: Debra G. Perina, MD, FACEP

Staff Liaison: Rick Murray, EMT-P

1. Continue to develop resources and guidelines for EMS medical directors addressing Mobile Integrated Healthcare (MIH) and Community Paramedicine (CP) programs and collaborate with NAEMSP and related stakeholders as needed.

Outcome: Continued gathering information on additional MIH/CP services and programs and reviewing the information on the new CMS Emergency Triage, Treat, and Transport (ET3) project for any related information.

2. Continue collaboration with stakeholders involved in changes to current controlled substances regulations (e.g., DEA regulations) and develop educational resources related to any new DEA regulations for EMS medical directors.

Outcome: Educational resources will be developed once the DEA releases the final regulations.

3. Develop resources for EMS medical directors, such as an information paper, articles for ACEP publications, or a toolkit, addressing the opioid crisis and alternative pain management options.

Outcome: Compiled resources to share with the EMS Section and post on the section web page.

4. Continue to develop resources to promote and support the subspecialty of EMS medicine and the roles of the EMS medical director, such as EMS medical director reimbursement and the need for specific EMS training and experience. Collaborate with NAEMSP and related stakeholders as needed.

Outcome: Gathered additional information from stakeholders and information that is currently contained in the ACEP/NAEMSP EMS Subspecialty Certification Review Course.

5. Collaborate with AAP, NAEMSP, ENA, the Pediatric Emergency Medicine Committee, and other stakeholders to develop resources for assessing pediatric readiness of EMS systems and pediatric medication dosing. (EMS is the lead committee.)

Outcome: The Board approved the policy statement “Pediatric Readiness in EMS Systems” in January 2019.

6. Collaborate with the Geriatric Emergency Medicine Section to develop resources for geriatric out-of-hospital care.

Outcome: Compiled resources to share with the EMS Section and post on the section web page. Some of these resources are already available on the Geriatric Emergency Medicine Section web page.

7. Collaborate with the Palliative Medicine Section to develop resources for EMS related to palliative/end-of-life care.

Outcome: Compiled resources to share with the EMS Section and post on the section web page. Some of these resources are already available on the Palliative Medicine Section web page.

8. Collaborate with the Education Committee/EMS Education Subcommittee to explore the need for resources including educational offerings at *Scientific Assembly* for the EMS medical director on topics such as geriatric prehospital care, and palliative/end-of-life care. (EMS is the lead committee.)

Outcome: Reviewed relevant information on the Geriatric Emergency Medicine Section and Palliative Medicine Section web pages to share on the EMS Section page and for consideration for course proposals for ACEP20.

9. Serve as a resource and provide input to the Education Committee to explore online and other EMS, disaster, and other related training for emergency physicians (Education is the lead committee.)

Outcome: The committee continues to explore the development of an EMS protocol development course and a course

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to teach better use of simulation training for EMS personnel by the EMS medical director. Also reviewing EMS and related courses offered during *ACEP18* for packaging as an EMS topic bundle.

10. Coordinate with the EMS Section and the Air Medical Transport Section to submit a nomination for the 2019 ACEP Outstanding Contribution in EMS Award.

Outcome: A nomination was submitted by the deadline for consideration by the Awards committee.

11. Continue to review current EMS-related policies and PREPs for possible consolidation.

Outcome: All EMS-related policies and PREPs were reviewed and recommendations provided to the Board of Directors..

12. Review the following policy per the Policy Sunset Review Process:

- Transfer of Patient Care Between EMS Providers and Receiving Facilities

Outcome: The Board reaffirmed the policy statement “[Transfer of Patient Care Between EMS Providers and Receiving Facilities](#)” in January 2019.

13. Provide input to the Coding & Nomenclature Advisory Committee to explore developing codes for alternative payment models, including community paramedicine and mobile integrated health care. (Coding & Nomenclature is the lead committee.)

Outcome: Further review of the new CMS Emergency Triage, Treat, and Transport (ET3) program is needed to identify additional possibilities. The committee is available to assist the Coding & Nomenclature Advisory Committee when requested.

14. Continue work started by the High Threat Casualty Care Task Force (HTCCTF) towards:

- creation of a high-threat incident database, standardized data-gathering tool, and support the creation of data-gathering rapid response to enable rapid dissemination of lessons-learned
- enhance the translation of military lessons learned, consistent with Mission Zero, throughout the emergency medicine community
- develop a public relations information campaign centered on mitigation, preparedness, response to and recovery from high-threat incidents.

Collaborate with the Disaster Preparedness & Response Committee, Federal Government Affairs Committee, and the Public Health & Injury Prevention Committee. (EMS the lead committee.)

Outcome: A policy statement and strategies to address the objectives will be submitted the Board for consideration in October 2019.

15. Provide input to the Education Committee to explore online and other EMS, disaster, and other related training for emergency physicians. (Education is the lead committee.)

Outcome: Revisions to the pre-conference course Mass Casualty Medical Operations Management is underway and will include additional information on treating pediatrics during disasters and exploring development of an advanced level disaster planning course.

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Ethics Committee

Chair: Raquel Schears, MD, FACEP

Board Liaison: Christopher S. Kang, MD, FACEP

Staff Liaison: Leslie Patterson Moore, JD

1. Identify and develop educational opportunities and materials on ethics issues, including at least three articles for ACEP publications including:
 - Ethics of opiates in the heroin era.
 - Ethical issues in EMR usage.
 - Effects of the changes to the ACA for patients.
 - Supporting the prudent layperson's definition of an emergency is an important provision to help secure health equity for ED patients post ACA.
 - Publication that highlights the “Principles of Ethics for Emergency Physicians.”
 - Diversity Pipeline: What are institutions responsibilities to recruit and support minority physicians?

Outcome: The following articles have been developed or are in the process of being developed for publication:

- “Medication-Assisted Treatment Initiated from the Emergency Department: Ethical Considerations”
- “How Could She Know?”
- “1st Principles of Ethics in The Hard Rock Café of Healthcare”
- “Emergency Medicine Ethics (EME): Leading the Future in Biomedical Ethics”
- “Audiovisual Recording in the Emergency Department: Ethical and Legal Issues”
- “Validation of Emergency Severity Index (Version 4) for the Triage Adult Emergency Department Patients with Active Cancer” published in the *Journal of Emergency Medicine* July 2019
- “Association Between Empathy and Burnout Among Emergency Medicine Physicians” published in the *Journal of Clinical Medicine Research* July 2019
- “Top Ten Tips Palliative Care Clinicians Should Know About Caring for Patients in the Emergency Department” published in the *Journal of Palliative Medicine* July 2019
- “What should you do when a patient refuses lifesaving treatment?” published in the *Association of American Medical Colleges (AAMC) News* May 2019
- “The Effect of Medicaid Expansion on the Nature of New Enrollees’ Emergency Department Use” published in the *Medical Care Research and Review* May 2019
- “What are the ethical considerations when prescribing patients opioid medications for acute dental pain?” published in the *Journal of the American Dental Association* May 2019
- “Direct-To-Consumer Virtual Urgent Care: A Descriptive Study and Outline for Common Practice Management Decisions” published in *Telehealth and Medicine Today* April 2019
- “Just Let me Die, Doc!” published in *Emergency Physicians Monthly* April 2019
- “Readers Note Shortcoming in Pediatric Seizure Article, Authors Respond (Carpe Diem for Cannabinoids)” published in *ACEPNow* April 2019
- “Dangers of withholding treatment in emergency and prehospital settings” published in the *American Journal of Bioethics* March 2019
- “Remote Health Care at US Antarctic Stations: A Comparison with Standard “Emergency Medical Practice” published in the *Journal of Emergency Medicine* March 2019
- “Changes in Reimbursement to Emergency Physicians After Medicaid Expansion Under the Patient Protection and Affordable Care Act” published in *Annals of Emergency Medicine* March 2019
- “Promoting Resilience and Longevity in Palliative Medicine: A Focus on Being Well While Being Productive” published in the *Journal of Pain and System Management* February 2019
- “Go Ask Alice: The Case for Researching Schedule I Drugs” published in *Cambridge Quarterly of Healthcare Ethics* January 2019
- “Why Pregnant Women May Unjustifiably Choose to Use Cannabis” published in the *Journal of the American Medical Association Internal Medicine* January 2019
- “Emergency Physician care of family members, friends, colleagues and self” published in *The American Journal of Emergency Medicine* January 2019
- “Suicide Assessment and Disposition” published in *Emergency Medicine Reports (Relias Media)* January 2019
- “Use of Personal Devices in Healthcare: Guidelines from a Roundtable Discussion” published in the *Journal of Mobile Technology in Medicine* October 2018

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- “Adherence to Universal Travel Screening in the Emergency Department During Epidemic Ebola Virus Disease” published in the *Journal of Emergency Medicine* October 2018
- “The Emergency Medicine Specimen Bank: An Innovative Approach to Biobanking in Acute Care” published in *Academic Emergency Medicine* September 2018
- “Pain at the End of Life” published online *Pain and Procedural Sedation in Acute Care* September 2018

2. Review the *Policy Compendium of the Code of Ethics for Emergency Physicians* and recommend needed revisions to the Board of Directors.

Outcome: A recommendation of ethics related policies to be included in the *2019 Code of Ethics Policy Compendium* were reviewed and approved by the Board in May 2019.

3. Review and provide recommendations to the Board of Directors on ethics complaints.

Outcome: Four ethics complaint matters were reviewed at various stages of the *Procedures for Addressing Charges of Ethical Violations and Other Misconduct*. The first was an ethics charge reviewed in July 2018 by an appointed subcommittee of the Ethics Committee. Their recommendation was forwarded to the ACEP Board of Directors, which determined at its September 2018 meeting that disciplinary action was appropriate. The second ethics complaint matter was the result of a hearing request. The ACEP Board of Directors conducted a hearing on the matter in September 2018 in San Diego, CA, and reaffirmed its prior decision to take disciplinary action. The third ethics complaint matter was reviewed and discussed by the ACEP Executive Director, ACEP President and the Chair of the Ethics Committee in June 2019 and it was determined that it was unlikely that the respondent’s conduct rose to the level of an actionable violation of a policy or principle included in the *Code of Ethics*, and as such the ethics complaint was dismissed. A fourth ethics complaint matter was received in June 2019 and receipt of the confirmation of the complainant’s intent to file a complaint is pending.

4. Develop the following information papers:

- Assessing safety for discharge of psychiatric patients from the ED. Collaborate with the Coalition on Psychiatric Emergencies.

Outcome: The Board reviewed the information paper “Assessing Psychiatric ED Patients for Safe Disposition” in April 2019 and it was submitted to *Annals of Emergency Medicine* for publication consideration.

- Ethical challenges that arise from long-term boarding of mental health patients both in reference to their care and the impact on the staff and ED functioning.

Outcome: This information paper is nearing completion and will be submitted to the Board for review.

- Ethical issues surrounding advance care planning directives and symptomatic treatment of terminally ill patients within the emergency department.

Outcome: This information paper is nearing completion and will be submitted to the Board for review.

5. Review the following policies per the Policy Sunset Review Process:

- Advertising and Publicity of Emergency Medical Care
- Emergency Physician Stewardship of Finite Resources
- Resource Utilization in the Emergency Department: The Duty of Stewardship (PREP)

Outcome: The Committee determined that each of the two policies and the PREP needed revision, and as such each were revised. The Board approved the two revised policy statements and the revised PREP as part of the policy sunset review process.

6. Provide input to the Federal Government Affairs Committee on draft legislation for the 116th Congress to address ED-specific end-of-life issues. (Federal Government Affairs is the lead committee).

Outcome: Committee members were assigned to provide input to the Federal Government Affairs Committee on

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draft legislation for the 116th Congress to address ED-specific end-of-life issues. The Committee provided their previously written position paper on the same topic “Ethics of Palliative Care and End of Life Care in the Emergency Department” as its contribution to the objective.

7. Provide input to the Medical-Legal Committee to promote awareness and adoption of ACEP’s “Expert Witness Guidelines for the Specialty of Emergency Medicine” to reduce egregious testimony. (Medical-Legal is the lead committee.)

Outcome: The Committee continues to provide input to a subcommittee of the Medical-Legal Committee to promote awareness and adoption of ACEP’s “Expert Witness Guidelines for the Specialty of Emergency Medicine” to reduce egregious testimony.

8. Develop an information paper to address assault, aggression and inappropriate behavior in the ED.

Outcome: The Board reviewed the information paper “Emergency Medicine in the #MeToo Era” in April 2019 which was published in *Academic Emergency Medicine* in June 2019.

9. Provide input to the Medical-Legal Committee to explore ways of enhancing the egregious testimony review process and advancing the effort to reduce egregious testimony in medical liability cases involving emergency physicians. (Medical-Legal is the lead committee).

Outcome: The Committee continues to provide input to the Medical-Legal Committee on this objective to explore ways of enhancing the egregious testimony review process and advancing the effort to reduce egregious testimony in medical liability cases involving emergency physicians.

10. Work with the Medical-Legal Committee and the State Legislative/Regulatory Committee to review Resolution 28(18) Inclusion of Methadone in State Drug and Prescription Databases and provide a recommendation to the Board about the advisability of adding this initiative to ACEP’s legislative agenda because of potential unintended consequences and violation of patient confidentiality. (Ethics is the lead committee.)

Outcome: The committee will provide a recommendation to the Board in October 2019.

11. Work with the State Legislative/Regulatory Committee to revise the policy statement “Law Enforcement Gathering in the ED to reflect recent relevant court decisions regarding consent for searches with or without warrant to provide clarification and guidance to emergency physicians on their ethical and legal obligations as directed in Amended Resolution 46(18) Enforcement Information Gather in the ED Policy Statement. (Ethics is the lead committee.)

Outcome: The committee, with input from the State Legislative/Regulatory Committee, has finalized its recommendation that the Board take no further action on Amended Resolution 46(18) “Law Enforcement Information Gathering in the Emergency Department.” The committee’s recommendation will be submitted to the Board for approval in October 2019.

12. Work with the State Legislative/Regulatory Committee to review the policy statement “Recording Devices in the ED” and determine if any revisions are needed to address surreptitious (audio/video) recording in the ED as directed in the first resolved of Amended Resolution 48(18) Recording in the Emergency Department. (Ethics is the lead committee.)

Outcome: The committee determined that revisions were needed in the policy statement to address surreptitious (audio/video) recording in the ED. The policy statement was revised with the new title “Audiovisual Recording in the Emergency Department.” The Board approved the revised policy statement in June 2019.

13. Review and revise the “Procedures for Addressing Charges of Ethical Violations and Other Misconduct” to create a more efficient review process while maintaining the due process standards and protections for the parties.

Outcome: The Board approved the revised “Procedures for Addressing Charges of Ethical Violations and Other Misconduct” in June 2019. A resolution was submitted to the 2019 Council to amend by substitution the “Procedures” to create a more efficient ethics complaint review process and clarify procedural issues.

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Federal Government Affairs Committee

Chair: Carlton Heine, MD, FACEP

Board Liaison: William P. Jaquis, MD, FACEP, President-Elect

Staff Liaison: Laura Wooster, MPH

1. Analyze and recommend legislative and regulatory priorities for the First Session of the 116th Congress.

Outcome: Completed in January 2019

2. Develop strategies to further expand the 9-1-1 Advocacy Network. Encourage committee members to meet with their congressional representatives either locally or on Capitol Hill.

Outcome: We continue to expand the overall number of ACEP members and Resident members in the 911 Network (at nearly 4,000 and 10% are Residents) and also opportunities for interactions with legislators through email, social media, LAC Hill visits, ED visits, and meetings with 110 new members of congress.

Communications:

- 4 action alerts sent on Surprise billing through DDC with a 30% open rate – 1187 actions taken by members, 191 House members reached and 76 Senators
- Action alert sent on 5/14/2019 on Mental Health legislation with 43% open rate, 1167 actions taken by 345 people to 288 legislators
- Used Phone2Action on three out of network campaigns to date:
 - Senate/House – 1082 advocates took 3179 actions
 - HR 3502 – 830 advocates took 821 actions
 - Out of the Middle – 1285 public advocates took 4017 actions
 - Helped to lead grassroots efforts on surprise billing coalition with other medical specialties – ongoing.
 - Sent Weekly Update every week (and then some) that Congress was in session – improved look and added drop down links and Capital Minute, also did special editions for 2018 elections, LAC, Regulatory blurbs, etc.

Meetings:

- We targeted 75 district meetings/ED Visits and had 46 scheduled and completed as of July 2. Breakdown is 11 ED visits in first half of FY19 (June-November) before elections, post-election we had 15 ED Visits and 43 coffees with new members – total of 26 ED visits.
 - Hill visits during LAC19 were 352 – we had 551 advocates on the Hill (plus 8 special non-constituent meetings scheduled) and covered 47 states– this was the second best number of advocates on the Hill – 2017 we had 553 and covered 47 states.
 - ACEP’s advocacy efforts through LAC, lobbyist meetings, NEMPAC fundraisers and in-district meetings and ED visits successfully met with every new member of the 116th Congress.
3. Develop a regulatory and/or legislative strategy to encourage the use of appropriate alternatives to Emergency Department copays in State Medicaid waiver applications that embrace the prudent layperson concept. Collaborate with content experts from the Reimbursement Committee and the State Legislative/Regulatory Committee. (Federal Government Affairs is the lead committee.)

Outcome: The committee worked with the State Legislative/Regulatory Committee to develop the information paper “[Medicaid Cost Savings Measures for Emergency Care.](#)” It includes a broad range of policy options for reducing Medicaid costs and improving quality. These policy options serve as an alternative to current approaches some states have taken in their Medicaid programs, including retroactively denying or down-coding emergency services claims (in violation of the prudent layperson standard) or imposing co-pays for “non-emergency” emergency department (ED) use. The plan is to distribute the information paper to chapters, the Center for Medicare & Medicaid Services (CMS), and State Medicaid offices.

4. Develop a legislative and/or regulator strategy to address the growing drug shortage issue at the federal level.

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Outcome: During the 2018 Leadership and Advocacy Conference, emergency physicians urged legislators to sign on to letters asking the Food and Drug Administration (FDA) to look into the root causes of drug shortages and deliver recommendations to Congress on how to fix these significant problems affecting patient care. Thanks to our advocacy efforts, these letters secured more than 100 bipartisan signatories in the House and more than 30 in the Senate. In response, only a few short weeks later, FDA Commissioner Scott Gottlieb announced the creation of a FDA Drug Shortage Task Force. The Task Force has convened a few public meetings and plans to issue a Report to Congress with their finding by the end of the year.

5. Develop draft legislation for the 116th Congress to address mental health/psychiatric boarding issues. Collaborate with content experts from other committees as needed.

Outcome: Legislation was introduced in both the House (H.R. 2519) and Senate (S. 1334) that would provide additional resources to facilitate follow-on care for patients with acute mental health illness after receiving treatment in the emergency department.

6. Develop draft legislation for the 116th Congress to address ED-specific end-of-life issues. Collaborate with content experts from the Ethics Committee and State Legislative/Regulatory Committee. (Federal Government Affairs is the lead committee).

Outcome: ACEP staff has been working with Sens. Chris Coons (D-ED), Bill Cassidy (R-LA), Michael Bennet (D-CO), and John Barrasso (R-WY) on their legislative proposal (S. 618) that would establish an Advance Directive Certification Program within the Medicare program.

7. Develop a legislative and/or regulatory strategy to facilitate and require Indian Health Service data-sharing with prescription drug monitoring programs.

Outcome: ACEP staff has met with key lawmakers, including the co-chairmen of the congressional Indian Health Service Task Force, to discuss ideas about how to get Indian tribes to report IHS opioid prescriptions to state PDMPs, including whether it would be more productive to start with specific tribes rather than implementing a national policy.

8. Identify new opportunities to work with federal agencies, including the Veterans Administration, Department of Defense, Indian Health Services, etc.

Outcome:

- On May 23, 2019, ACEP met with the Chief Medical Officer at the Indian Health Service (IHS), Rear Adm. Michael Toedt, to discuss reimbursement issues as well as opportunities to work together going forward to improve emergency care for Native Americans. We are in the process of drafting a Memorandum of Understanding (MOU) with IHS.
- In May 2019, ACEP met with the Veterans Administration (VA) to discuss the prudent layperson (PLP) Standard. The Community Care Program at the VA currently uses a list of diagnoses that would automatically trigger a claim as meeting the PLP standard. The program undergoes a two-step process to review claims. A nurse reviews each claim and determines whether the diagnosis code falls on this list. If it does, it is automatically deemed an emergency and paid. If it doesn't, the nurse reviews the medical record. The VA provided ACEP with an opportunity to review this list and provide feedback and we recently submitted our recommendations.

9. Develop and assess potential innovative approaches to improving the way care is delivered and reimbursed in rural areas, with the goal of improving patient access to emergency department services in these areas. Collaborate with content experts from other committees and task forces as needed.

Outcome: In May 2018, ACEP met with the Centers for Medicare & Medicaid Services (CMS) to discuss innovative payment approaches that would improve access to care in rural areas. We provided an overview of a data analysis we prepared on Medicare ED utilization in rural areas, and discussed how our alternative payment model, the

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Acute Unscheduled Care Model (AUCM), could be implemented in these areas. After this meeting, we have continued to follow up with CMS, providing additional information to help inform their work in this area.

10. Develop and assess potential legislative ideas to address firearm safety and injury prevention.

Outcome: Supported H.R. 8, the Bipartisan Background Checks Expansion Act, sponsored by Reps. Mike Thompson (D-CA) and Peter King (R-NY). The legislation was passed by the House of Representatives on February 27 in a 240-190 vote.

Coordinated a panel discussion at LAC2019 on the congressional landscape for firearms safety legislation during the 116th Congress.

Presented on ACEP's firearms safety research priorities to the National Collaborative on Gun Violence Research (NCGVR), a nonpartisan scientific collaborative developed to broaden the knowledge base of effective firearms safety policies.

11. Develop recommendations for federal legislative and/or regulatory strategies to ensure telemedicine can advance emergency medicine while protecting the practice environment for emergency physicians and quality of care for patients.

Outcome: On April 5, 2019, ACEP submitted a response to a request for information (RFI) from the bipartisan Congressional Telehealth Caucus, offering the perspective of emergency telehealth and providing several recommendations for upcoming telehealth legislation.

In the response, ACEP pointed to several specific points that the legislation should include:

- Modify Section 1834(m) of the Social Security Act to include emergency medical services;
- Provide funding for telehealth research in emergency medicine;
- Provide assistance to encourage adoption of telehealth services and ensure appropriate reimbursement for emergency telehealth; and
- Use real-world examples of successful emergency telehealth models to inform legislation and promote greater uptake.

The bipartisan caucus intends to use the responses to build upon some of the successful efforts that were included in 2018's Bipartisan Budget Act agreement, including ACEP-supported provisions that removed restrictions on geographic location and originating site restrictions for the purpose of stroke telehealth services.

On June 26, 2019 the House Ways and Means Committee unanimously approved a bill, H.R. 3417, to provide patient improvements for rural services provided by Medicare. The "Beneficiary Education Tools, Telehealth, and Extenders Reauthorization (BETTER) Act" incorporated a provision, based on the ACEP-supported "Mental Health Telemedicine Expansion Act" (H.R. 1301) that would improve treatment of mental health by providing telehealth services to individuals at home.

With respect to regulatory actions, ACEP has asked CMS on several occasions to add ED services (CPT codes 99281-99285), and observation services (CPT codes 99217-99220; 99224-99236; and, 99234-99236) to the list of approved telehealth services that are reimbursable under the Medicare physician fee schedule. Yet CMS has declined each time because of the stringent criteria CMS has in place for adding new codes to this list. We have asked CMS to revise their criteria for adding new codes to the list of approved telehealth services to make it easier to add codes to this list.

Finally, we support the elimination of the current statutory restrictions that limit telehealth services to specific sites (the originating site requirement) and geographic locations. Currently, entities that want to circumvent these restrictions must apply for waivers, most of which are granted by the Center for Medicare & Medicaid Innovation (CMMI); however, these waivers must be sought on an individual basis and are granted only in limited circumstances. We have strongly encouraged CMS to continue waiving the originating site and geographic location requirements for telehealth services through CMMI authority.

12. Develop an annual report to all ACEP members regarding advocacy work done on behalf of emergency medicine.

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Outcome: Advocacy work is reported on (and often highlighted) in the monthly Leadership Report that is posted for all ACEP members on acep.org.

13. Develop a proactive federal-level strategy on out-of-network/balance billing, including consideration of introducing federal legislation. Collaborate with content experts from the ACEP-EDPMA Joint Task Force, Reimbursement Committee, and State Legislative/Regulatory Committee. (Federal Government Affairs is the lead committee.)

Outcome: Efforts have been comprehensive over the course of the last year. Highlights include:

- *Secured introduction of bipartisan OON legislation, H.R. 3502, the Protecting People from Surprise Medical Bills Act, offered by Reps. Raul Ruiz (D-CA) and Phil Roe (R-TN) that currently has 67 cosponsors. Based on New York independent dispute resolution model.*
- *Secured opportunity to testify before the Energy and Commerce Health Subcommittee hearing on surprise billing legislation. ACEP President Vidor Friedman, MD, FACEP, testified on June 12, 2019.*
- *Worked with Senate advocates to ensure changes to H.R. 1895, the Lower Health Care Costs Act. Changes continue to be negotiated by Senator Bill Cassidy (R-LA) to include some form of independent dispute resolution.*
- *Worked with House advocates, including Reps. Ruiz, Bucshon, and others, to secure changes to the No Surprises Act introduced by Energy and Commerce Chairman Frank Pallone (D-NJ) and Ranking Member Greg Walden (R-OR).*
- *Developed comprehensive lobbying strategy for key committees of jurisdiction, including Senate Health, Education, Labor and Pensions (HELP) Committee, Senate Finance Committee, House Energy and Commerce, House Ways and Means, and House Education and Labor Committee.*
- *Coordinated with other specialty societies and AMA on joint advocacy efforts, including Hill meetings, letters, grassroots/grasstops, and PR campaigns.*
- *Developed consumer-facing outofthemiddle.org to bolster advocacy efforts from patient advocates.*

14. Review the following policy per the Policy Sunset Review Process:

- [Supporting Political Advocacy in the ED](#)

Outcome: Members of the FGA Committee briefly discussed this policy at their in-person meeting at ACEP18, with followed discussions on November 1, 2018 and December 6, 2018, conference calls. On the January 10, 2019, conference call the committee approved recommendation for the following revision:

- Omission of the word “Employed” from the policy statement.
- The word “Employed” appears twice in the policy statement.

A memo was sent to the ACEP Board of Directors on May 15, 2019, to be placed as an agenda item for approval during the June 2019 Board Meeting. It was approved June 2019.

15. Provide input to the EMS Committee to continue the work started by the High Threat Casualty Care Task Force (HTCCTF) towards:

- creation of a high-threat incident database, standardized data-gathering tool, and support the creation of data-gathering rapid response to enable rapid dissemination of lessons-learned
- enhance the translation of military lessons learned, consistent with Mission Zero, throughout the emergency medicine community
- develop a public relations information campaign centered on mitigation, preparedness, response to and recovery from high-threat incidents. (EMS the lead committee.)

Outcome: Provided several briefings to the EMS Committee about specific legislative issues of interest to them (particularly Mission Zero) and generally about legislative agenda/priorities and opportunities for potential advocacy.

16. Review Resolution 34(18) Violence is a Health Issue and determine whether model legislation should be developed.

Outcome: A number of bills exist in the House and Senate to address a wide variety of aspects of violence, including efforts to improve Hospital-based Violence Intervention Programs (HVIPs). Other examples include H.R. 207, the

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Stop the Violence Act of 2019, to provide grants through the Centers for Disease Control and Prevention (CDC) to support violence prevention efforts, and a similar bill, H.R. 2464, the End the Cycle of Violence Act, to provide grants through the Department of Health and Human Services (HHS) to support violence prevention efforts. Additionally, ACEP has supported a number of bills, such as legislation to address workplace violence directed toward physicians and health care workers in health care institutions (H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act), as well as firearms-safety related legislation like H.R. 8, the Bipartisan Background Checks Expansion Act to help prevent dangerous individuals from purchasing firearms, and others. Model legislation could be developed to more specifically target the resolves of Resolution 34(18), but the resolution (as well as existing ACEP policy) also gives wide latitude to support already introduced pieces of legislation.

17. Develop model legislation to support rescheduling of cannabis to facilitate well-controlled studies of cannabis and related cannabinoids for medical use in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy or harm and the application of such results to the understanding and treatment of disease as directed in Amended Resolution 36(18) ACEP Policy Related to Medical Cannabis.

Outcome: ACEP supported bipartisan legislation (H.R. 3797) that was introduced in the House of Representatives by Rep. Earl Blumenauer (D-OR) on July 17, 2019. The legislation would amend the Controlled Substances Act (CSA) to make marijuana accessible for use by qualified researchers for medical purposes.

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Finance Committee

Chair: Gary Starr, MD, FACEP

Board Liaison: Mark S. Rosenberg, DO, MBA, FACEP, Secretary-Treasurer

Staff Liaison: Layla Powers, MBA

1. Perform duties as delineated in the *Compendium of Financial Policies and Operational Guidelines*, including:
 - Cash flow analysis
 - Review the annual College budget and make recommendations to the Board.
 - Review the financial status of the College monthly.
 - Consider budget modifications and make recommendations to the Board.
 - Review and monitor expenses for the Clinical Emergency Data Registry

Outcome: The budget for FY 2019-2020 was approved by the committee and the Board in June 2019. The committee reviewed the financial statements monthly and held video conferences throughout the year. The committee reviewed all budget modifications year and received monthly updates on the Clinical Emergency Data Registry and membership renewals.

2. Review the *Compendium of Financial Policies and Operational Guidelines* and provide recommendations to the Board for any necessary revisions. Develop a policy for using Member Equity to fund projects and future strategic initiatives.

Outcome: A subcommittee was formed and the Strategic Program Initiatives (SPI) policy was written and incorporated into the June 2019 meeting where strategic projects were approved to use member equity for funding. This policy also includes monitoring the financial performance of the projects (ROI, etc.)

3. Conduct an annual review of contributions made by ACEP to affiliated organizations.

Outcome: The committee continued to review contributions related to affiliated organizations.

4. Review and report on return on investment for all new expenditures greater than \$100,000 in aggregate.

Outcome: This is included in the Strategic Program Initiatives policy.

5. Update compendium to include policy

Outcome: A subcommittee was formed and the Strategic Program Initiatives (SPI) policy was written and incorporated into the June 2019 meeting where strategic projects were approved to use member equity for funding. This policy also includes monitoring the financial performance of the projects (ROI, etc.)

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Medical-Legal Committee

Chair: John Bedolla, MD, FACEP

Board Liaison: Kevin M. Klauer, DO, EJD, FACEP

Staff Liaison: Craig Price, CAE

1. Review, update, and provide information to members on medical legal matters that impact the administrative and clinical practice of emergency medicine.

Outcome: The committee has provided information in response to several requests for opinion and feedback from members and other committees during the year, including a request to provide a recommendation as to whether ACEP should participate in an amicus brief regarding the Conscience Protection Rule, a request for information on the impact of Medicaid expansion on medical liability claims, and requests from for guidance on due process rights, HIPAA requirements, managing liability risk, and the discoverability of counseling.

2. Participate in the review of new clinical policies; provide information on potential medical-legal issues.

Outcome: The committee reviewed and provided input on the clinical policy “Critical Issues in the Evaluation and Management of Adult Patients Presenting to the Emergency Department with Acute Headache.”

3. Provide input to the Clinical Policies Committee on any clinical policies that need to be developed for clinical conditions that have high malpractice incidence.

Outcome: The committee provided data to the Clinical Policies Committee on the top ten clinical conditions that have the highest incidences of malpractice claims for the Clinical Policies Committee to review and determine if there are opportunities for any new policies to help reduce the incidence of such cases.

4. Submit a nomination for the 2018 Rorrie Health Policy Award.

Outcome: The committee nominated Peter Jacoby for the award.

5. Collaborate with the Ethics Committee to promote awareness and adoption of ACEP’s “Expert Witness Guidelines for the Specialty of Emergency Medicine” to reduce egregious testimony. (Medical-Legal is the lead committee.)

Outcome: A subcommittee continues to work with a subcommittee of the Ethics Committee on the multiple joint objectives related to egregious testimony to develop a plan for advancing ACEP’s efforts to more effectively address egregious expert witness testimony for members as well as non-members.

6. Collaborate with the Ethics Committee to explore ways of enhancing the egregious testimony review process and advancing the effort to reduce egregious testimony in medical liability cases involving emergency physicians.

Outcome: A subcommittee continues to work with a subcommittee of the Ethics Committee on the multiple joint objectives related to egregious testimony to develop a plan for advancing ACEP’s efforts to more effectively address egregious expert witness testimony for members as well as non-members.

7. Review and update medical legal resources on the ACEP website.

Outcome: The committee reviewed multiple online documents and submitted revisions to two information papers, which were accepted by the Board. The papers are “So You’ve Been Sued” and “Top 10 Principles on How to Avoid Getting Sued.”

8. Explore legal strategies and tactics to support efforts to protect emergency physicians from unfair insurer payment practices such as retrospective denial of payment (review legal cases, identify reasons for success or failure, identify areas of improvement such as better chart documentation, etc.)

Outcome: The committee was unable to identify a legal strategy that would add to our advocacy efforts on these

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issues. We will continue to look for opportunities to identify such strategies in the future.

9. Review and revise the information paper on due process.

Outcome: The paper was reviewed by the committee chair who recommended no changes other than updating of source references, which was completed.

10. Develop an information paper summarizing cases involving cross-state venue shopping and identify successful strategies used to prevent it.

Outcome: The committee was only able to identify one such case of attempted cross-state venue shopping (which was ultimately unsuccessful), and in the estimation of the committee did not provide sufficient material for an information paper. This appears to be a very rare occurrence.

11. Investigate the possibility of accessing malpractice data from the National Practitioner Data Bank (NPDB) that might provide teachable information from resolved cases that may help reduce medical errors and improve patient safety. (Referred Resolution 47-17 Improving Patient Safety Through Transparency in Medical Malpractice Settlements.)

Outcome: The committee submitted a recommendation to the Board that ACEP not seek to directly access malpractice data from the National Practitioner Data Bank (NPDB) but review any relevant aggregate NPDB data that may be made available. The Board approved the recommendation.

12. Review the following policies per the Policy Sunset Review Process:

- [Antitrust](#)

Outcome: The policy statement was reaffirmed.

13. Work with the Ethics Committee and the State Legislative/Regulatory Committee to review Resolution 28(18) Inclusion of Methadone in State Drug and Prescription Databases and provide a recommendation to the Board about the advisability of adding this initiative to ACEP's legislative agenda because of potential unintended consequences and violation of patient confidentiality. (Ethics is the lead committee.)

Outcome: The committee will provide assistance to the Ethics Committee when requested.

14. Review Referred Resolution 35(18) ACEP Policy Related to Immigration (second resolved) and provide a recommendation to the Board regarding further action on the resolution.

Outcome: The committee submitted a recommendation to the Board in June 2019 to take no further action on the resolution. The recommendation was approved by the Board.

15. Review Referred Resolution 42(18) Expert Witness Testimony and provide a recommendation to the Board regarding further action on the resolution and whether changes are needed to the policy statement "Expert Witness Guidelines for the Specialty of Emergency Medicine."

Outcome: The committee submitted a recommendation to the Board in June 2019 to take no further action on Referred Resolution 42(18) Expert Witness Testimony. The recommendation was approved by the Board.

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Membership Committee

Chair: Achyut Kamat, MD, FACEP

Board Liaison: Gillian R. Schmitz, MD, FACEP

Staff Liaison: Jana Nelson

1. Analyze the results of the Membership Retention Study and provide recommendations to the Board on strategies for implementation.

Outcome: Based on the retention study the following recommendations were made to the Board of Directors in an executive report as follows: High-yield, small bite sized chunks of CME would be beneficial; The College should focus on 3 or 4 advocacy initiatives that resonate with members and that there be more PR surrounding these efforts; a high-level summary of Annals will be highly valued by members; that a tiered membership model having an option that allows non-board certified to be able to join and assist with advocacy efforts but not as full voting members be looked at; and that an article on diversity on the board or highlight a different board member twice a year in ACEP Now.

2. Promote ACEP membership to early career physicians through social media.

Outcome: A new direct mail postcard campaign to senior residents from key ACEP member was implemented. The list of member benefits by category was reviewed to determine which one was the most influential toward membership. CME Tracker and the Reimbursement and Coding Conferences were considered the most influential, followed by social platforms like Instagram, twitter, etc., and who is on it. Young Physician Section mailings and Facebook ad campaigns were started in May 2019.

3. Provide input to content development for the membership recruitment, renewal, and benefit sections of the new ACEP.org website.

Outcome: Many suggested changes were identified. Simplifying clicks, especially to renew membership was the main change. There should be a membership tab, rather than having to go to About ACEP for all their membership needs. "Frequently Used" page should be created that houses the Membership Directory, CME Tracker, etc. The search function is in need of improvement.

4. Review and provide guidance for the rollout of new section and committee communities (via Higher Logic platform).

Outcome: The site was launched with two seed questions and the remaining questions have been posted organically. Total and unique logins are both increasing monthly. Improvements are consistently being made to the platform based on user feedback. This objective is complete.

5. Analyze the results of the diversity and inclusion survey for membership recruitment and retention strategies. Implement changes based on the report.

Outcome: This objective is complete. The following 10 strategies were recommended and are being implemented by staff: Focus on diversity in gender and race. Develop an ACEP White Paper that can be used in multiple settings. Work with Academic Affairs to understand the reporting, pros/ cons of reporting bias, and how to navigate, communication targets. Continue to communicate ACEP's ongoing work on D&I. Develop D&I CME, events, and programming as an ongoing commitment from ACEP. Continue focus on member acquisition campaign with emphasis on connecting with women of color. The D&I Taskforce to provide easy access to those people who are willing to talk about discrimination for their insights. Develop a longitudinal leadership program to promote diversity in ACEP leadership. Develop model policies that encourage D&I leadership development and involvement in organized medicine (i.e. ACEP/ABEM/AMA, etc.) in the workplace. Continue the focus to increase diversity at ACEP events with things such as diverse speaker panels, etc. Use the ACEP leader residency program/chapter visits to promote D&I.

6. Section Governance

- a. Oversee the annual section grant process and recommend grant recipients to the Board of Directors.
- b. Select recipients of the annual section awards for recommendation to the Board of Directors.

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- c. Review requests for formation of new sections and provide recommendations to the Board of Directors.
- d. Review rules for section membership compliance and make recommendations for changes as needed.
- e. Revise the Section Grant Criteria to reflect current priorities of the college as recommended by the Board of Directors.

Outcome: The grant funding for this fiscal year is \$50,000. There were 14 LOI received, requesting over \$114,000. Of those 10 were accepted to submit grants. Five grants were approved. The Aerospace Medicine Section petition was approved.

- 7. Study the impact and potential benefit of a chapter or section representing locums physicians as directed in Amended Resolution 26(17) Study of Locums Physicians Representation. Assess whether a chapter or section would best meet their needs.

Outcome: The committee's recommendation to retain the section and not create a new chapter will be submitted to the Board in October 2019.

- 8. Provide recommendations to increase the value of section membership and encourage ACEP members to join a section.

Outcome: Messaging was sent to all members regarding free access to section websites. Newsletters of various sections were reviewed. It is recommended that the chair of the section is held accountable for the quality of the content and the staff liaisons are available as a resource to assist the editor.

- 9. Serve as a resource in the development of a group and residency portal to facilitate administrative efficiency for group enrollment of multiple members.

Outcome: The portal has been rolled out to groups and residency programs and favorably received.

- 10. Develop a recommendation to the Board regarding verification of Bylaws-mandated membership requirements.

Outcome: This objective is complete. It is our recommendation that the current honor system remain in place.

- 11. Develop recommendations to retain late career physicians transitioning into non-traditional emergency medicine practice settings.

Outcome: engagED is the best venue to support those working in a non-traditional work setting. It is recommended engagED communities be created for work settings that aren't already sections. Work with non-ACEP providers of transitioning services to help members transition to non-clinical careers.

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National/Chapter Relations Committee

Chair:-Mark Notash, MD, FACEP

Board Liaison: Gillian R. Schmitz, MD, FACEP

Staff Liaison: Maude Hancock

1. Administer, maintain, and evaluate the Chapter Grant Program.

Outcome: The committee reviewed nine chapter grant applications and recommended that 8 proposals receive grant funding, which totaled \$45,000 (\$41,500 regular chapter grant and \$3,500 development grant). The Board of Directors approved the recommendation at their Jan 2019 meeting.

2. Implement the 2019 Diane K. Bollman Chapter Advocate Award.

Outcome: The committee reviewed the nominations and the recipient was approved by the Board in June 2019. from the Board members of the nominee's respective ACEP Chapter. All 5 nominees were felt to be appropriate candidates. The committee analyzed and voted to put Elena Lopez-Gusman forward as the 2019 awardee. The ACEP BOD accepted the committee's recommendation and named Elena Lopez-Gusman as the first recipient of the Diane K. Bollman Chapter Advocate Award.

3. Analyze the results of the 2018 chapter leadership development survey. Develop and promote chapter resources and best practices in cultivating current and future leaders.

Outcome: A subcommittee reviewed and analyzed the 2018 survey results and completed the following tasks:

- Collected and reviewed leadership program content from various chapters. **Revised the Chapter Services Leadership Development page** to include resources for chapters interested to develop and implement a sustainable leadership development program.
- **Helped plan sessions for Chapter Leaders at LAC19.** Identified topics from the 2018 survey and recommended roundtable discussions for large, medium, and small chapters focused on leadership development, member recruitment, retention and development, as well as legislative program development. Each round table was preceded by a brief expert discussion. NCRC members were invited to moderate the individual roundtables and report summary of discussions back to NCRC.
- Plan to use summaries of **Chapter Leadership Roundtables to plan short leadership trainings/webinars.**

4. Develop resources to address the needs of small and medium sized chapters that were identified by the 2018 chapter services survey. Collaborate with the Education Committee and Membership Committee. (National/Chapter Relations is the lead committee.)

Outcome: To gain a better understanding of their current situation and determine the most beneficial resources that National could provide, calls were scheduled with NCRC members and Presidents and execs of chapters with 300 members or less. 19 calls were completed. Some of the needs identified were for existing resources which staff shared with those chapters. The committee will evaluate the feedback and make recommendations for the development of resources and/or better promotion of existing resources that would be of value to small chapters.

5. Review and revise as needed resources contained in "Fundamentals of Chapter Management" and include resources to assist chapters in officer orientation.

Outcome: The subcommittee worked on condensing sections 1,2,5 and 6 of the Fundamentals of Chapter Management and staff made improvements to the navigation of the online pages by applying a simple accordion layout. The committee will continue to work with staff to update the content of the pages.

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Pediatric Emergency Medicine Committee

Chair: Mohsen Saidinejad, MD, MBA, FACEP

Board Liaison: Debra G. Perina, MD, FACEP

Staff Liaison: Sam Shahid, MBBS, MPH

1. Develop a policy statement on the role and responsibilities of emergency medicine providers in the initial management of acute pediatric mental health emergencies.

Outcome: The Subcommittee received approval for inclusion of representatives from the American Academy of Pediatrics Committee on Pediatric Emergency Medicine (AAP COPEM) and Emergency Nurses Association (ENA), as well as Subject Matter Experts in Mental Health and Behavioral Health to participate in the development of this Policy Statement and accompanying information paper. In addition to this, the Committee received approval to include representation from Health Services and Resource Administration (HRSA) to support and consult on the technical paper. The writing group has been finalized and working on the scope, outline and content for this policy statement and information paper has begun.

2. Develop the following information papers:
 - Antibiotic stewardship in pediatric emergency care.
 - Opioid crises in children and adolescents.
 - Alternatives to opioids in management of acute pain in pediatric emergency care (including non-pharmacologic).
 - Complete development of the information paper on the role of telemedicine in pediatric emergency care and in support of community emergency departments. Collaborate with the emergency Telemedicine Section. (Pediatric Emergency Medicine is the lead committee).

Outcome: The committee will continue to work on these information papers in the 2019-20 committee year.

3. Continue to support Pediatric Readiness and assist in developing resources to promote ED preparedness.

Outcome: The PEM committee continues to have representation on behalf of ACEP to the National Pediatric Readiness Project Steering Committee and continues to attend meetings and participate in deliverables.

4. Continue to work with EMSC Innovation & Improvement Center (EIIC) to:
 - Ensure ACEP is recognized as a full partner of the EIIC.
 - Create its leadership and policy infrastructure and to develop strategies to optimize resource utilization between general emergency medicine and pediatric emergency medicine.
 - Ensure ongoing collaboration with the committee and the ACEP grant-funded staff from EIIC.

Outcome: ACEP and ACEP PEM Committee continue to collaborate with the various stakeholder organizations participating in the EMSC-IIC. PEM Committee representatives continue to serve on various initiative and committees, including the Pediatric Emergency Care Coordinator Committee, Pediatric Readiness Toolkit, Pediatric Readiness Quality Collaborative, Prehospital Pediatric Readiness Toolkit, Dissemination Committee and Subject Matter Experts. ACEP continues to support the work of the EIIC and provide tools, education, resources and communication.

5. Collaborate with the American College of Radiology (ACR) to provide pediatric content expertise in generating recommendations for radiographic tests in the emergency management of children.

Outcome: ACEP PEM Committee representatives continue to provide review and expertise on numerous ACR Pediatric topics, including, but not limited to:

- Acutely Limping Child Up to Age 5
- Antenatal Hydronephrosis-Infant
- Ataxia
- Cerebrovascular Disease-Child
- Crohn's Disease
- Head Trauma- Child

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- Osteomyelitis, Septic Arthritis-Child
- Orbital Imaging and Vision Loss-Child
- Pneumonia in the Immunocompetent Child
- Seizures-Child
- Sinusitis-Child
- Suspected Spine Trauma-Child
- Suspected Appendicitis-Child
- Suspected Physical Abuse-Child
- Urinary Tract Infection-Child
- Vomiting in Infants up to 3 Months of Age

6. Collaborate with the American Academy of Pediatrics (AAP) and the Emergency Nurses Association (ENA) to develop a common policy statement to optimize pediatric safety in the emergency care setting.

Outcome: The AAP is leading the efforts in development of this policy statement. ACEP PEM Subcommittee members are serving as members of the authoring group. The outline and authorship assignments have been finalized and the work is ongoing. ACEP PEM committee will have representation in the writing group as well.

7. Continue to work with the American Academy of Pediatrics (AAP) to develop new and review current technical report papers and policy statements as needed.

Outcome: AAP Committee on Pediatric Emergency Medicine and ACEP PEM Committee continue to collaborate. ACEP PEM Committee Chair and Staff Liaison regularly attend the COPEM Meetings, and provide updates and highlights regarding the work and efforts of the PEM Committee.

8. Review the following policies per the Policy Sunset Review Process:

- [Death of a Child in the ED](#)
- The Role of Emergency Physicians in the Care of Children
- Report on Preparedness of the ED for the Care of Children (PREP)

Outcome: The Committee recommended the reaffirmation of the Policy Statement “Death of a Child in the ED” and they are currently in the process of finalizing the recommended revisions to the Policy Statement “The role of Emergency Physicians in the Care of Children”.

9. Collaborate with the Education Committee, Simulation Subcommittee, and Pediatric Emergency Medicine Section to develop an open access simulation-based consensus curriculum for pediatric emergency medicine, in collaboration with other organizations and stakeholders. (Pediatric Emergency Medicine is the lead committee.)

Outcome: The aim is to develop and maintain a unified, high quality, free, online, open access, pediatric simulation curriculum for use by emergency medicine educators. It is also envisioned to be an ongoing working group maintaining and revising the curriculum as needed.

The deliverables include:

- Building consensus on goals and objectives for the curricula informed by board requirements, literature review, and expert opinion
- Prioritize and create consensus on learning objectives to be included in the curriculum using a 3-phase modified Delphi process.
- Review/adapt existing pediatric simulation content to meet these goals and objectives.
- Developing new simulation content to address gaps in these goals and objectives.
- Dissemination of content will be by Free Open Access Online Medical Education.

As part of the work of the Collaborative, the Delphi process completed in March 2019 with 71 participants representing General Emergency Medicine residents/faculty, Pediatric Emergency Medicine faculty and Simulation content experts and the Collaborative is developing the manuscript for publication. The Collaborative has also begun the development of the simulation cases.

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10. Provide input to the Disaster Preparedness & Response Committee to refine the Mass Casualty Medical Operations Management Course to include pediatric disaster education or a separate course using the current course as a prerequisite. (Disaster Preparedness & Response is the lead committee.)

Outcome: PEM Subcommittee continues to work with the Disaster Preparedness & Response Committee on this objective. The plans are to update the course inserting a new perspective, including adding pediatrics content throughout the course in the relevant areas. The Subcommittee reviewed the current existing iteration of the complete course.

11. Provide input to the EMS Committee, in collaboration with AAP, NAEMSP, ENA, and other stakeholders, to develop resources for assessing pediatric readiness of EMS systems and pediatric medication dosing. (EMS is the lead committee.)

Outcome: In collaboration with AAP and ENA, we have put together a pre-hospital Pediatric Readiness Guideline that all three organization are co-publishing and as a follow-up will create a toolkit.

12. Provide input to the Ethics Committee on the development of an information paper for Emergency Medical Treatment of Minors, to include issues of consent and confidentiality. (Ethics is the lead committee.)

Outcome: This objective was completed, as the Subcommittee members have recently published the updated PREP “Evaluation and Treatment of Minors”. This policy resource and education paper (PREP) is an explication of the policy statement “Evaluation and Treatment of Minors. It is available at: <https://www.acep.org/globalassets/new-pdfs/preps/evaluation-and-treatment-of-minors---prep.pdf>.

13. Provide input to the Education Committee on the planning of the Pediatric Emergency Medicine Assembly. (Education is the lead committee.)

Outcome: The PEM Committee Chair for 2019-2020, as well as the PEM Section Chair for 2019-2021 will assist on planning meetings for the 2020 PEM Assembly.

14. Collaborate with the Academic Affairs Committee to develop resources to encourage emergency medicine residents to enter pediatric emergency medicine and improve competency of training. (Pediatric Emergency Medicine is the lead committee.)

Outcome: The Subcommittee completed the development of a podcast “Tackling the Barriers and Finding the Value of EM to PEM” with Dr. Sean Fox. Dr. Jessica Wall also continues her work with the PEM Mentorship Program.

15. Complete development of a joint policy statement with the American Academy of Pediatrics and the Pediatric Surgery Society on trauma imaging in the pediatric patient population according to existing guidelines and decreasing unnecessary radiation in pediatric trauma patients.

Outcome: The PEM Committee will continue to collaborate with AAP and other societies given the new ACS pediatric imaging guidelines.

16. Complete development of a policy statement on the use of antitussive medications, specifically opiate-containing antitussives, and their utility in the treatment of pediatric patients.

Outcome: Several draft revisions have been completed for the information paper, and the policy statement is in development.

17. Collaborate with the Public Health & Injury Prevention Committee to develop a policy statement to clarify the role of emergency physicians in the reporting of adverse events secondary to vaccinations. (Public Health is the lead committee.)

Outcome: The objective was completed, and the ACEP Board of Directors approved the Policy Statement “Reporting of Vaccine-Related Adverse Events” in January 2019. The Policy Statement is available at:

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<https://www.acep.org/globalassets/new-pdfs/policy-statements/reporting-of-vaccine-related-adverse-events.pdf>

18. Work with the Public Health & Injury Prevention Committee to review Amended Resolution 33(18) Separation of Migrating Children from Their Caregivers and determine if additional language is needed to develop a policy statement. (Public Health & Injury Prevention is the lead committee.)

Outcome: The objective was completed, and the ACEP Board of Directors approved the Policy Statement “Separation of Children from Family/Guardians” in June 2019. The Policy Statement is available at: <https://www.acep.org/patient-care/policy-statements/separation-of-children-from-family-guardians/>

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Public Health & Injury Prevention Committee

Chair: Alan Heins, MD, FACEP

Board Liaison: James J. Augustine, MD, FACEP

Staff Liaison: Margaret Montgomery, RN, MSN

1. Review the following policies per the Policy Sunset Review Process:

Outcome:

- [Domestic Family Violence](#) (and PREP) – Policy statement revised and approved by the Board in April 2019. The Board approved rescinding the PREP.
- Firearm Safety and Injury Prevention: Draft changes were made to the current policy and reviewed by the Board in June. The Board directed the committee to provide references supporting each of the bulleted statements in the draft. The revised draft will be reviewed by the Board in October. See also Objective #10 related to the council resolution on firearm safety and injury prevention.
- Intoxication and Motorized Recreational Vehicle and Watercraft Operation – rescinded April 2019 (replaced by Small Motorized Recreational Vehicles).
- Motorized Recreational Vehicle and Watercraft Safety – rescinded April 2019 (replaced by Small Motorized Recreational Vehicles).
[Small Motorized Recreational Vehicles](#) – approved by the Board April 2019.
- [School Bus Safety](#) – revised and approved by the Board in June 2019.
- [Violence-Free Society](#) – revised and approved by the Board in April 2019.

2. Provide input to the Emergency Medicine Practice Committee and the Pain Management & Addiction Medicine Section on identifying and compiling information on existing models for addressing transitions of care for patients with Opioid Use Disorder (OUD). (Emergency Medicine Practice is the lead committee.)

Outcome: The information paper “[Models for Addressing Transitions of Care for Patients with Opioid Use Disorder](#)” was reviewed by the Board in June 2019.

3. Continue development of talking points or “smart phrases” for discharge summaries and/or educational resources on public health, injury prevention issues. Collaborate with the Coalition on Psychiatric Emergencies on smart phrases related to suicide prevention.

Outcome: Three [smart phrases](#) were developed this committee year: tobacco cessation, antibiotics not prescribed and suicide prevention. The Board reviewed and provided feedback in June. Revisions were made based on comments and were posted on the ACEP website.

4. Collaborate with the Epidemic Expert Panel to explore development of best practices for treating patients with flu or flu-like illness that meet sepsis guidelines during the flu season.

Outcome: The information paper, “[Influenza Emergency Department Best Practices](#)” was reviewed by the Board in April 2019.

5. Complete development of an information paper on supervised injection facilities and syringe services programs in response to Resolution 52(17) Support for Harm Reduction and Syringe Services Programs.

Outcome: The information paper, “After the Emergency Department Visit: The Role of Harm Reduction Programs in Mitigating the Harms Associated with Injection Drug Use” was reviewed by the Board in June and will be posted on the ACEP website when final edits are made.

6. Explore development of an information paper on PCR (urine) vs. cervical culture for STDs.

Outcome: The information paper, “[Best Practices in Testing Adults and Adolescents for Chlamydia and Gonorrhea in the Emergency Department](#)” was reviewed by the Board in June 2019. ACEP Now has been contacted about potentially including an article on this issue to highlight the paper.

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7. Provide input to the EMS Committee to continue the work started by the High Threat Casualty Care Task Force (HTCCTF) towards:
- creation of a high-threat incident database, standardized data-gathering tool, and support the creation of data-gathering rapid response to enable rapid dissemination of lessons-learned
 - enhance the translation of military lessons learned, consistent with Mission Zero, throughout the emergency medicine community
 - develop a public relations information campaign centered on mitigation, preparedness, response to and recovery from high-threat incidents. (EMS the lead committee.)

Outcome: See EMS Committee report.

8. Complete development of an information paper to address Amended Resolution 31(17) Development and Study of Supervised Injection Facilities.

Outcome: The information paper “After the Emergency Department Visit: The Role of Harm Reduction Programs in Mitigating the Harms Associated with Injection Drug Use” was drafted in response to the Council Resolution 31(17). Final edits are being made and will be posted on the ACEP website.

9. Develop a policy statement on autonomous or self-driving vehicles.

Outcome: The policy statement “[Autonomous Self-Driving Vehicles](#)” was approved by the Board in January 2019.

10. Collaborate with the Pediatric Emergency Medicine Committee to develop a policy statement to clarify the role of emergency physicians in the reporting of adverse events secondary to vaccinations. (Public Health is the lead committee.)

Outcome: The policy statement “[Reporting of Vaccine-Related Adverse Events](#)” was approved by the Board in January 2019.

11. Work with the Pediatric Emergency Medicine Committee to review Amended Resolution 33(18) Separation of Migrating Children from Their Caregivers and determine if additional language is needed to develop a policy statement. (Public Health & Injury Prevention is the lead committee.)

Outcome: The Board approved the policy statement “[Separation of Children from Family/Guardian](#)” in June 2019.

12. Collaborate with the Emergency Medicine Practice Committee to review Amended Resolution 36(18) ACEP Policy Related to Medical Cannabis and determine if additional language is needed to develop a policy statement. (EM Practice is the lead committee.)

Outcome: The policy statement “[Medical Cannabis](#)” was approved by the Board in June 2019.

13. Review the CDC toolkit regarding antimicrobial stewardship and determine if ACEP should promote its availability or whether ACEP should develop a resource/toolkit as directed in Amended Resolution 38(18) Antimicrobial Stewardship.

Outcome: The PHIPC reviewed the CDC toolkit regarding antimicrobial stewardship and agreed that the College should support this program. In addition, it was recommended that further work be done beyond the CDC toolkit to support and provide resources for EDs that are addressing antimicrobial stewardship. The Board agreed with the recommendation and an additional objective was assigned to the Quality and Patient Safety Committee.

14. Revise the policy statement “Firearm Safety and Injury Prevention” to reflect the current state of research and legislation as directed in Substitute Resolution 44(18) Firearm Safety and Injury Prevention Policy Statement. Seek input from the Firearm Safety and Injury Prevention Task Force that developed the current policy statement.

Outcome: The Council Resolution was taken into consideration when the policy statement was revised. See objective 1: Firearm Safety and Injury Prevention policy for additional information.

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Public Relations Committee

Chair: Rade Vukmir, MD, FACEP

Board Liaison: Stephen H. Anderson, MD, FACEP

Staff Liaison: Maggie McGillick

1. Provide direction to public relations staff on promoting the specialty of emergency medicine, focusing on ACEP's priority issues and key message, including:
 - promoting the interests of emergency physicians and emergency patients
 - continuing to conduct ACEP's Fair Coverage Campaign, promoting the value of emergency medicine, and shifting blame for "surprise bills" to health insurance companies.
 - increasing ACEP's name recognition (branding) and relevancy of emergency medicine among its public audiences (advocacy)
 - mobilizing public support for funding emergency care and promoting the need for tort reform
 - refuting myths about emergency medicine and advocating to reduce "boarding"
 - communicating the need to protect access to emergency care as regulations are developed to implement the health care reform legislation and deflect efforts to harm the prudent layperson
 - developing and reviewing public relations materials distributed to the news media and the general public
 - promoting the value of emergency medicine and positive stories about emergency physicians caring for patients of all ages.
 - promoting placement of ACEP spokespersons in media roles, such as medical correspondents, to help represent emergency physicians to the public
 - promote the diversity and inclusion of emergency physicians and breadth of the patient population they serve

Outcome: Public Relations staff utilized Committee and Spokesperson member expertise on a number of fronts to address the need to protect patients from surprise bills as well as address mental health issues in the emergency department. Members were actively engaged in media inquiries and ACEP PR developed an op-ed which was published in [The Hill](#)) as well as [fact sheets](#) for political advocacy during Hill visits in conjunction with LAC.

Committee members medically reviewed all of ACEP's consumer press releases on health and safety topics. These public education pieces promoted the value of emergency medicine and portrayed emergency physicians as experts. In addition, many Committee members engaged in social media to promote the value of emergency medicine, promote diversity and refuted myths about emergency medicine.

Public Relations staff utilized Committee members regularly as subject matter experts as they updated www.emergencycareforyou.org.

Committee members in the past year conducted scores of news media interviews, all promoting ACEP's brand and many promoting the value of emergency medicine. These efforts contributed to achieving more than 2,700 online news stories including national outlets such as Associated Press, CNN, The Washington Post, The Wall Street Journal, USA Today, Fox News, Huffington Post, Bloomberg News, MSN, Yahoo!News, ABC News, Today.com, Politico, Time, Newsweek, Los Angeles Times, The Boston Globe, United Press International, and National Public Radio (web). Forty percent of those stories were related to the topics of surprise billing (20 percent), ED violence (12 percent) and opioids (7 percent). In addition, there were more than 9,200 television and radio broadcast airing related to two ACEP priority topics: ED violence (4,172) and ACEP's Scooter Safety PSA Campaign (5,111).

2. Provide technical review and consultation for promoting *Annals of Emergency Medicine*.

Outcome: A subgroup of the Committee, working with Public Relations staff, held regular conference calls to discuss upcoming new research in the journal. Based on the discussions, seven papers were selected for promotion with press releases, and one was selected for promotion via an audio news release (Sleeping in Contact Lenses Puts You at Risk for Dangerous Infection).

Committee expertise was particularly relevant in efforts to mitigate potentially negative press, including collaborative strategizing to neutralize the American Academy of Pediatrics attempts to demean the specialty.

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Promotion of Annals generated press coverage in news organizations including Yahoo News, WebMD, Marketwatch, The Washington Post, MSN, Newsweek, Today.com, The New York Post, The Chicago Tribune, AARP Magazine, and HealthLeaders Media. The most popular study featured case study promoted the dangers of sleeping in contact lenses which itself was mentioned on MSN.com, Newsweek, The Washington Post, WebMD, HealthDay News, Fox News, and Newsweek. In addition, the audio news release aired more than 2,200 times on approximately 1,200 stations reaching a combined audience of approximately 27.3 million people.

Public Relations staff is in current communication with the director and editorial staff about the [promotion](#) of a new supplementary journal to *Annals of Emergency Medicine*, Journal of the American College of Emergency Physicians Open (ACEP Open).

3. Provide oversight to the ACEP Journalism Awards Program.

Outcome: The committee selected the following winners, who were approved by ACEP's president and recognized during the 2019 Leadership and Advocacy Conference:

- **ACEP 2019 Journalism of Excellence Awards**
Awarded to Jessica Bakeman, reporter for WRLN News in Miami Florida for her piece "The Far-Reaching Effects of A Mass Shooting: Hospital Lockdowns Leave Some Stranded" (aired November 15, 2018)
- **ACEP 2019 Spokesperson of the Year**
Awarded to Benjamin Savitch, MD, FACEP for his outstanding work with The New York Times and contributions to the article "Emergency Rooms Run Out of Vital Drugs, and Patients Are Feeling It" (published July 1, 2018)

4. Expand and further unify the spokesperson network to more effectively deliver messages at the local level.

Outcome: Public Relations staff is working closely with the director of Marketing and Member Communications to regularly notify ACEP members about the existence of the Spokesperson's Network and encourage them to apply. To date, efforts have yielded approximately 29 additional new applications to the Spokesperson's Network. In addition, Public Relations staff initiated the development of an online portal to provide communications techniques training. The training portal is expected to be completed in Fall 2019 and will initially be available as a pilot program to approximately 150 current members of the Spokesperson's Network. If successful, further determinations will be made as to the feasibility in providing the program as a membership benefit.

In addition, Public Relations staff worked closely with ACEP Spokespersons, Chapters and Public Relations Committee members to engage in media relations and promotion of thought leadership related to disasters, such as hurricanes, volcanic eruptions and mass shootings. Committee members also submitted letters to the editor to their local newspapers on behalf of ACEP.

5. Provide input and increase ACEP's name recognition thru social media platforms. Expand ACEP's social media presence to increase Twitter, Facebook, Vine, You Tube, and podcasts, etc. Collaborate with content experts from the Membership Committee. (Public Relations is the lead committee.)

Outcome: Committee members increasingly engaged in social media, especially as new members were added who are very active on Twitter. ACEP's Twitter following for @EmergencyDocs expanded from 15k followers to more than 18k followers. Members provided Doc Blogs for ACEP's consumer website EmergencyCareforYou.org, including several members with geriatric care expertise, promoted strategically to enhance the footprint of the ACEP GEDA program.

Three members (including past-Committee Chair and a previous president) participated in a Twitter chat on one of our key issues, drug shortages, in partnership with MD Magazine.

6. Provide input into the implementation of the comprehensive public relations plan, including internal and external messaging.

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Outcome: ACEP's chair and incoming chair collaborated to create a plan to engage some of the less active members. The result was media hits in local and trade publications on key topics, expanding the ACEP share of voice and activating experts who may have been hesitant to be vocal in previous campaigns. Public Relations staff also found a way to promote less active Committee members on consumer-facing initiatives published on www.emergencycareforyou.org, such as hurricane safety.

Public Relations staff and Member Communication and Marketing staff regularly communicate to ensure consistent communication throughout internal and external audiences.

7. Develop messaging to educate the public on the health implications of antimicrobial resistance and the importance of antimicrobial stewardship in the ED as directed in Amended Resolution 38(18) Antimicrobial Stewardship.

Outcome: Public Relations staff continues to speak with media to promote antibiotic stewardship in the ED. ACEP members were enlisted to author a [DocBlog](#) which has been published on the EmergencyCareForYou website. In addition, ACEP members have been solicited to write articles on related topics such as the role of antibiotics in treating UTI, promoting emergency thought leadership and clinical expertise in addressing sepsis, injury, inflammation and other conditions responsibly and appropriately. Public Relations staff will continue to work closely with the Member Communication and Marketing staff and share additional CDC materials and related items as they become available.

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Quality & Patient Safety Committee

Chair: Richard Griffey, MD, FACEP

Board Liaison: Aisha T. Liferidge, MD, MPH, FACEP

Staff Liaison: Pawan Goyal, MD

1. Measure Lifecycle Management

- Manage the quality measure lifecycle at ACEP by:
 - a. Performing maintenance on current ACEP measures and working with staff and vendors and make improvements or recommending measures for retirement.
 - b. Reviewing five measures in development pipeline to determine if they are meaningful enough to move forward with development.
- Use information from 2018 Quality Measures Summit to develop and operationalize a Quality Measurement Strategic Plan.
- Research funding opportunities to support quality measure development and work with ACEP staff to complete funding proposals.
- Educate members in quality measurement to develop new leaders for the quality measure development program.
- Assist with the quality measure lifecycle on behalf of external organizations by monitoring quality initiatives and commenting on behalf of ACEP on the appropriateness of quality measures that impact the practice of emergency medicine, the emergency department, and the reimbursement of emergency physicians.
- Work with the APM task force to develop quality measures that might be used across both the MIPS and APM arms of the QPP program.

Outcome: Worked with external organizations and their Technical Expert Panels to respond to quality initiatives, such as NQF, CMS, AAN, ACC. Conducted a Quality Measures Strategic Planning meeting at LAC in May 2019 and created a strategy for new measure development and reviewed current ACEP quality measures for self-nomination. Launched training program for ACEP Quality Measure owners to educate and develop volunteer leaders within the QM space.

2. Nomination

- Nominate emergency physicians to represent ACEP to internal and external bodies develop quality measures that have relevance to the practice of emergency care.

Outcome: The nominations workgroup made recommendations to the ACEP President to ensure emergency physicians were represented to several national quality initiatives:

Nominee	Organization	Workgroup
Dr. Robert Bass	NQF	Trauma Outcomes
Dr. Kendall Webb	NQF	Patient Safety Portfolio Spring 2018 Cycle
Dr. Harrison Alter	NQF	Social Determinants of Health Data Integration Action Team
Dr. Mike Gerardi	NQF	Serious Mental Illness Action Team
Dr. David Marcozzi	NQF	Healthcare System Readiness
Dr. Nishant Anand	NQF	Chief complaint-Based Quality of Emergency Care
Dr. Stephen Cantrill	NQF	Chief complaint-Based Quality of Emergency Care
Dr. Rich Griffey	NQF	Chief complaint-Based Quality of Emergency Care
Dr. Steven Horng	NQF	Chief complaint-Based Quality of Emergency Care
Dr. Kevin Klauer	NQF	Chief complaint-Based Quality of Emergency Care
Dr. James McClay	NQF	Chief complaint-Based Quality of Emergency Care
Dr. Abhi Mehrotra	NQF	Chief complaint-Based Quality of Emergency Care
Dr. Gregg Miller	NQF	Chief complaint-Based Quality of Emergency Care
Dr. Sofie Morgan	NQF	Chief complaint-Based Quality of Emergency Care
Dr. David Thompson	NQF	Chief complaint-Based Quality of Emergency Care
Dr. Evan Schwarz	NQF	Opioid and Opioid Use Disorder TEP

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Dr. Frank Peacock	ACC	Right Measures, Right Outcomes for Heart Failure Patients
Dr. Simon Mahler	ACC	Right Measures, Right Outcomes for Heart Failure Patients

3. Clinical Policies and Federal Review

- Comment on the quality provisions of the Inpatient Prospective Payment System (IPPS), Outpatient Prospective Payment System (OPPS), the Physician Fee Schedule (PFS), Medicare Access and CHIP Reauthorization Act (MACRA).
- Educate members regarding implementation and best practices for quality measures and federal quality measurement programs.
- Develop educational resources and tools to assist members with navigating the Merit-Based Incentive Payment System (MIPS).
- Work with content experts from the Federal Government Affairs Committee, Reimbursement Committee, and the Observation Section to develop an information paper on readmissions vs. observation as an “outcome” of quality measures. (Quality & Patient Safety is the lead committee.)

Outcome: Provided comments and feedback to the ONC and CMS Proposed Rule on Interoperability and Data Blocking and a HIPAA Request for Information. Provided a comment to the ONC Burden Reduction Strategy. Currently reviewing the 2020 QPP Proposed Rule released by CMS to develop a formal comment and response.

4. Patient Safety

- Work to improve quality and patient safety by ameliorating the effects of unconscious bias in clinical practice and closing knowledge and competency gaps in the treatment of diverse populations.
- Develop a behavioral health toolkit (Amended Resolution 14-16 Development & Application of Dashboard Quality Clinical Data Related to the Management of Behavioral Health Patients in the ED)
- Collect candidate quality improvement projects and develop improvement tools. Develop emergency medicine-specific improvement activities for the QPP program.

Outcome: Performed a literature review and compiled references for Behavioral Health Toolkit and initiating the writing phase. Developed a whitepaper on defined requirements to OPPE through process improvement.

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Reimbursement Committee

Chair: Heather Marshall, MD, FACEP

Board Liaison: L. Anthony Cirillo, MD, FACEP

Staff Liaison: David McKenzie, CAE

1. Identify and analyze the governmental reimbursement environment as it pertains to emergency medicine and assist in positioning the College appropriately on issues of importance. Concentrate on audit activity and payment policies throughout the Medicare system.

Outcome: The Committee tracked audit experiences this year, concentrating on the CMS Comprehensive Billing Report (CBR) survey and the impact on emergency physicians. The Committee continued to monitor CMS MIPS and MACRA developments for emergency medicine.

2. Continue to identify and analyze reimbursement challenges that impact emergency medicine and recommend strategic solutions. Continue to monitor private payer practices such as balance billing and fair payment, and challenge health plan claim bundling practices. Track out of network payments and payer mix shifts based on the ACA and databases such as FAIR Health.

Outcome: In consultation with the Coding and Nomenclature Committee (CNAC), the Committee continued to recognize the challenges presented by private payer practices to physician reimbursement. The focus was on downcoding and denial issues from multiple insurers in more than a dozen states. It also continued to report to the SLRC on OON/Balance Billing issues in more than 25 states during the 2018-19 legislative session. The focus changed to supporting national legislative advocacy efforts on OON/BB in the latter part of the year.

3. Continue to support the efforts of the liaisons to the AMA RBRVS process, and advocate for improvement of work, practice expense, and malpractice relative values. Participate in any episode of care development activity in that venue.

Outcome: The RUC Team, supported by the full Committee, continued their strong work on behalf of ACEP and emergency medicine with careful review of the revaluation of the of the office or other outpatient E/M codes (99201-99215) along with a new survey of the code for lumbar puncture. Although the final values of the ED E/M code revaluation will not be available until November 2020, the resulting work values under consideration do appear to be positive increases.

4. Identify and develop educational materials such as articles, webinars, and Frequently Asked Questions (FAQs) to provide members with practical information on developing reimbursement trends. Develop specific content for residents and young physicians.

Outcome: The Committee completed a review and update of the Reimbursement FAQs on the ACEP website. Work included revising the Teaching Physician FAQ for compliance with recent changes along with reaching out to CMS to get further clarification on the rule in light of the release of Transmittal 4283. The *What Every Graduating Resident Needs to Know About Reimbursement* paper was similarly updated to reflect the new guidance on teaching physician, resident, and medical student interaction documentation.

5. Develop a strategy for emergency medicine to be represented in alternate payment models, including episodes and population health, to prepare for the transition from fee for service reimbursement to value-based reimbursement. Provide analysis of new payment models for emergency physician services that may replace or supplement the predominant fee for service model and offer advice on how ACEP members should prepare for these new models (ACOs, bundled payment, value based reimbursement, etc.) Seek input from the Alternative Payment Models Task Force.

Outcome: The Reimbursement Committee continues to support the work of the APM Task Force and makes recommendations when called upon. The Committee has been tracking the progress of the AUCM model and is ready to assist in the coming year should the HHS Secretary make changes. It is also tracking emergency medicine experience in Telehealth usage and seeking ways to be paid for those services.

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6. Monitor Medicaid reforms at the state level and provide resources as appropriate. Participate as necessary with the National Conference of Insurance Legislators (NCOIL) on related activity addressing fair payment issues.

Outcome: The Reimbursement Committee has continued to provide necessary feedback and support on Medicaid reform. Specific focus has been on Medicaid and Managed Medicaid issues in several states including Modifier 25 issues, downcoding of claims, and diagnosis lists.

7. Investigate alternatives to FAIR Health for determining fair payment levels for emergency physicians.

Outcome: The Reimbursement Committee has looked at several alternatives to the FAIR Health Charges Database including the National Emergency Department Sample (NEDS), allowable payment databases (insurer controlled), Medicare, as well as state all-payer databases. The Committee will continue to examine additional alternatives as well as rule out alternatives that are not suitable for preservation of emergency physician reimbursement as various proposals make their way through the Congressional legislative process.

8. Develop resources (such as an information paper, slides, podcast, etc.) on the transparency of the reimbursement process for all members.

Outcome: A webinar was produced on the Nuts and Bolts of EM reimbursement to provide easy to understand information on how the process works. State specific FAIR Health data is now available to provider greater transparency in actual fees charged by region.

9. Provide input to the Federal Government Affairs Committee to develop a regulatory and/or legislative strategy to encourage the use of appropriate alternatives to Emergency Department copays in State Medicaid waiver applications that embrace the prudent layperson concept. (Federal Government Affairs is the lead committee.)

Outcome: No requests for assistance came from FGA this year.

10. Provide input to the Federal Government Affairs Committee in developing a proactive federal-level strategy on out-of-network/balance billing, including consideration of introducing federal legislation. (Federal Government Affairs is the lead committee.)

Outcome: Committee members participated in discussions with FGA leaders to strategize on the advocacy messages on developing OON/BB legislation positions talking points.

11. Provide input to the State Legislative/Regulatory Committee and the ACEP-EDPMA Joint Task Force to develop resources to assist chapters with advocating for legislative solutions addressing fair payment and restrictions on balance billing. (State Legislative/Regulatory is the lead committee.)

Outcome: Monthly reports were generated on state legislative activity and shared with stakeholders along with participation in the weekly "Tuesday Group" calls with multiple stakeholders.

12. Provide input to the State Legislative/Regulatory Committee and the ACEP-EDPMA Joint Task Force and the out-of-network/balance billing "strike team" leaders to provide expertise and resources to states addressing balance billing/out-of-network legislation. (State Legislative/Regulatory is the lead committee.)

Outcome: With the planned sunset of the Joint Task Force this year, plans were made to transition support of the regional strike teams through the State Legislative and Regulatory Committee with content support from the Reimbursement Committee.

13. Provide input to the Academic Affairs Committee to develop an information paper on documentation by medical student on electronic health records and incorporating billing strategies. (Academic Affairs is the lead committee.)

Outcome: The Committee worked collaboratively with Academic Affairs to produce and disseminate new information on documentation standards for teaching physicians, residents, and medical students.

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14. Review the following policy per the Policy Sunset Review Process:

- Medical Services Coding

Outcome: The Committee recommends that this policy statement be revised with a small edit to make it consistent with current CPT language.

15. Review Referred Resolution 41(17) Reimbursement for Hepatitis C Virus Testing in the ED and provide a recommendation to the Board regarding further action on the resolution.

Outcome: In June 2019, the Board approved the committee's recommendation to petition the Office of Coverage and Analysis Group at CMS to reconsider the addition of the ED as the place of service for Hepatitis C testing as a next step. The letter was sent on August 13, 2019.

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Research Committee**

Chair: Manish Shah, MD, MPH, FACEP
Board Liaison: John T. Finnell, MD, MSc, FACEP
Staff Liaison: Loren Rives, MNA

General Research Committee Objectives

1. Submit a nomination for the 2019 ACEP Award for Outstanding Contribution in Research.

Outcome: Gail D’Onofrio, MD, FACEP and Rebecca Cunningham, MD, FACEP were nominated by the Research Committee; the Awards Committee accepted both nominations.

2. Collaborate with the American College of Osteopathic Emergency Physicians (ACOEP) to identify strategies and resources to assist emergency medicine osteopathic residency programs accredited in the ACGME’s single accreditation system (SAS) in meeting scholarly activity requirements for faculty and residents.

Outcome: The subcommittee administered a survey on scholarly activity to over 5,000 individuals in academic settings. The survey will be used to assess faculty scholarly activity needs and support provided as well as develop a manuscript for a peer-reviewed publication.

3. In collaboration with SAEM’s Research Committee, review and submit responses to the NIH’s requests for information (RFIs).

Outcome: The subcommittee submit responses on the following RFIs and documents:

- Notice Number: NOT-HL-18-654: Request for Information: Optimizing the Design and Implementation of Emergency Medical Care Research Conducted Under Exception from Informed Consent Requirements for Emergency Research (EFIC) Requirements and Guidelines
- Notice Number: NOT-OD-19-014: Request for Information (RFI) on Proposed Provisions for a Draft Data Management and Sharing Policy for NIH Funded or Supported Research
- Document 83 FR 55377: Draft Report on Health Research and Development to Stem the Opioid Crisis: A Federal Roadmap; Request for Comments

4. Collaborate with ACOEP and the Diversity, Inclusion, & Health Equity Section, to identify and promote future leaders in emergency medicine research through a pipeline and mentorship initiative.

Outcome: The subcommittee has a manuscript under consideration by a peer reviewed journal entitled, “Evaluating the Diversity of Emergency Medicine Foundation (EMF) Grant Recipients in the Last Decade.” Additionally, please see the committee’s efforts in developing a Medical Student Scholar Program (objective 11).

5. Provide input to the Academic Affairs Committee to explore ways to encourage support of protected time for faculty in residency programs. (Academic Affairs is the lead committee.) See also Amended Resolution 19(18) Reduction of Scholarly Activity Requirements by the ACGME.

Outcome: Members of the Research Committee collaborated on a manuscript about the potential impacts on core faculty due to the ACGME changes to the Common Program Requirements. The paper has been submitted to a peer-reviewed journal for consideration. The paper was also endorsed by several EM organizations and used as the foundation to develop a joint policy statement (also endorsed by multiple EM organizations and approved by the Board).

6. Explore collaborative opportunities with IFEM and EUSEM.

Outcome: State-of-the-Art session during Research Forum 2019 will focus on Global/International Health Emergency Medicine with former member of the IFEM Research Committee.

7. Collaborate with EMF to develop a consensus process that includes the opinions of Research Committee members, EMF, research leaders, and membership more broadly to identify strategies for future research support and

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development.

Outcome: Members of the Research Committee participated in an EMF data summit. Additionally, the committee is undergoing a strategic planning process.

8. Provide input to the Academic Affairs Committee to explore development of an information paper, FAQs, or other resources to address falsifying data in research. (Academic Affairs is lead committee.)

Outcome: Members of the subcommittee worked with Academic Affairs to create a list of resources that will be posted on ACEP's Ethics webpage.

9. Develop resources that members can use for institutional IRBs that explain exception for informed consent (EFIC) and its value to emergency medicine research.

Outcome: The subcommittee is working on collecting EFIC protocols and identifying key elements of EFIC studies. They will collate and organize the information into useful components, provide insight into potential challenges with EFIC and identify best practices.

Research Forum Subcommittee

10. Implement the 2019 *Research Forum* meeting and evaluate the integration of *Research Forum* with *ACEP18*.

Outcome: The subcommittee will review the surveys and feedback and re-convene post-ACEP to evaluate.

11. Identify strategies to improve and promote the *Research Forum*, including development of promotional language addressing the value and integration into *Scientific Assembly*.

Outcome: The subcommittee grew and expanded the volunteer Medical Student Scholars Program, has worked on improving social media communication, targeted Sections with specific abstracts that would be of interest to their membership, and created a new named lecture designed for the ACEP membership at large.

12. Select recipients for medical students, residents, young investigators, and best paper awards.

Outcome: The awards take place on-site at ACEP19 on Thursday, October 29th. Award winners from 2018 are highlighted on the ACEP Research Forum webpage.

13. Explore ways to highlight basic science and senior researchers during Research Forum.

Outcome: The Research Forum will offer an Annals of Emergency Medicine workshop again this year.

14. Identify emergency medicine research that results in innovative practice changes and promote the research at ACEP's annual meeting.

Outcome: Impactful research is presented through the State-of-the-Art, Plenary, and Highlights of the Research Forum sessions. Additionally, the Bock lecture will feature research that has impacted health policy at a national level.

15. Work with the Education Committee to implement a research plenary session during the *ACEP19* opening session. (Education is the lead committee.)

Outcome: Implementing inaugural Brooks F. Bock lecture and abstract session at ACEP19. Lecture will be a combination of didactic and abstract presentations. The lecture is designed to appeal to the broader ACEP membership and will be held Monday, October 28th from 9:00 – 10:00 am.

16. Collaborate with EMF to offer a networking opportunity between residents, fellows, and senior emergency medicine researchers at Research Forum.

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Outcome: A Wine and Cheese reception will be held on Sunday, October 27th. It will feature the ACEP Research Award Recipients and provide a networking opportunity for anyone interested in research.

Scientific Review Subcommittee

17. Assist EMF with funding opportunities.

Outcome: Current discussions with Teleflex and Vapotherm.

18. Continue to explore potential collaborations with other specialty groups for grants.

Outcome: This year EMF brought on two new partners – AFFIRM and NAEMSP.

19. Review grant proposals for EMF and recommend applicant funding and provide on-going monitoring of funded grant progress reports.

Outcome: Reviewed 111 proposals for funding for FY 2019 – 2020 and monitored progress reports for FY 2018-2019 grants.

20. Expand the pool of EMF grant reviewers through development of a junior faculty mentorship program and establishment of a list of pre-approved ad hoc reviewers.

Outcome: Brought on new SRS members and ad hoc reviewers to review and score new grant categories and partnered grants.

21. Initiate a standardized process for EMF grant reviewer development.

Outcome: Developed and disseminated review procedures.

22. Continue to identify potential areas of further targeted research that are of interest to the members.

Outcome: Developed four new grant categories - Resident to Faculty, VA Fellow to Faculty, Firearm Violence, and EMS research.

23. Re-evaluate the current grant review form and revise as needed.

Outcome: Form was revised.

24. Review the EMF grant portfolio with a specific focus on pipeline (i.e., training and development) awards and revise as needed.

Outcome: Added four new categories this year (see objective 22).

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State Legislative/Regulatory Committee

Chair: Chadd Kraus, DO, DrPH, FACEP

Board Liaison: Alison J. Haddock, MD, FACEP

Staff Liaison: Harry Monroe

1. Evaluate the effect of ongoing and new state Medicaid waivers on the practice of emergency medicine and patient access to care. Provide guiding principles with specific case studies of examples to chapters addressing Medicaid expansion issues. Collaborate with content experts from the ACEP-EDPMA Joint Task Force.

Outcome: The committee has prepared a paper summarizing the issue, focusing on the impact of work requirements and ways to document requirements.

2. Summarize the status of Medicaid program developments that compromise the prudent layperson standard. Update the toolkit of resources that can be used by states responding to challenges to the prudent layperson standard by legislatures, regulatory agencies, and managed care vendors. Recent activity in Kansas, Kentucky, and Iowa may provide specific examples that can be used in preparing these additional resources. Provide expertise to chapters addressing Medicaid prudent layperson challenges. Collaborate with content experts from the ACEP-EDPMA Joint Task Force.

Outcome: The committee made itself available to work with states facing these issues, and particularly focused on helping Iowa deal with policies seemingly in violation of the PLP. Work is ongoing.

3. Participate with the ACEP-EDPMA Joint Task Force and the out-of-network/balance billing “strike team” leaders to provide expertise and resources to states addressing balance billing/out of network legislation. Collaborate with content experts from the Reimbursement Committee. (State Legislative/Regulatory is the lead committee.)

Outcome: The committee made sure that materials produced by members and staff were available to chapters. They reported to the committee on the status of OON legislation at each meeting.

4. Research and update materials outlining legislative mandates and restrictions on opioid prescriptions in the emergency department, with a focus on how legislation comports with evidence based medical practice. Provide subject matter expertise to states addressing legislation on these issues.

Outcome: The committee updated extensive materials produced by prior year committees.

5. Research and report on efforts by states to address mental health boarding in EDs, including best practices regarding making available inpatient bed registries and other resources for transitioning care.

Outcome: The work group met with leaders from the Coalition of Psychiatric Emergencies and developed recommendations focused on regionalized responses to the boarding issue.

6. Provide input to the Federal Government Affairs Committee to develop a regulatory and/or legislative strategy to encourage the use of appropriate alternatives to Emergency Department copays in State Medicaid waiver applications that embrace the prudent layperson concept. (Federal Government Affairs is the lead committee.)

Outcome: The committee worked with the Federal Government Affairs Committee to develop the information paper “[Medicaid Cost Savings Measures for Emergency Care](#).” It includes a broad range of policy options for reducing Medicaid costs and improving quality. These policy options serve as an alternative to current approaches some states have taken in their Medicaid programs, including retroactively denying or down-coding emergency services claims (in violation of the prudent layperson standard) or imposing co-pays for “non-emergency” emergency department (ED) use. The plan is to distribute the information paper to chapters, the Center for Medicare & Medicaid Services (CMS), and State Medicaid offices.

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7. Provide input to the Federal Government Affairs Committee in developing a proactive federal-level strategy on out-of-network/balance billing, including consideration of introducing federal legislation. (Federal Government Affairs is the lead committee.)

Outcome: Documentation produced by the committee and the JTF was made available to FGA.

8. Provide a report to the Federal Government Affairs Committee on model state legislation regarding end of life care.

Outcome: The committee produced a report summarizing state activity that is being provided to FGA.

9. Continue to promote and administer the state public policy grant program.

Outcome: The committee recommended, and the Board approved, grants to the Georgia and Connecticut chapter in the amounts of \$12,500 each. The grants were used to address issues of balance billing and assignment of benefits, respectively.

10. Submit a nomination for the 2019 Rorrie Health Policy Award.

Outcome: A nomination was submitted by the deadline for consideration by the Awards Committee.

11. Submit a nomination for the 2019 Policy Pioneer Award.

Outcome: A nomination was submitted by the deadline for consideration by the Awards Committee.

12. Assist chapters with state advocacy initiatives to address Amended Resolution 21(18) Adequate Resources for “Safe Discharge” Requirements.

Outcome: Materials are being gathered and will be distributed to chapters prior to ACEPI9.

13. Review Resolution 24(18) ED Copayments for Medicaid Beneficiaries and determine if additional language is needed to develop a policy statement.

Outcome: A recommendation will be submitted to the Board in October 2019.

14. Develop model state legislation for chapters to use to access funding related to the Preventing Overdoses While in the Emergency Rooms (POWER) Act and to address Amended Resolution 25(18) Funding for Medication Assisted Treatment Programs, Amended Resolution 26(18) Funding of Substance Use Intervention and Treatment Programs, and Amended Resolution 47(18) Supporting Medication for Opioid Use Disorder.

Outcome: The committee has collected considerable information and will continue to work on this objective in the 2019-20 committee year .

15. Work with the Ethics Committee and the Medical-Legal Committee to review Resolution 28(18) Inclusion of Methadone in State Drug and Prescription Databases and provide a recommendation to the Board about the advisability of adding this initiative to ACEP’s legislative agenda because of potential unintended consequences and violation of patient confidentiality. (Ethics is the lead committee.)

Outcome: Feedback was submitted to the Ethics Committee.

16. Develop an information paper and/or legislative toolkit to assist members in advocating for applicable changes to state insurance laws as directed in Amended Resolution 29(18) Insurance Collection of Patient Financial Responsibility.

Outcome: An information paper is in development and will be submitted to the Board for review.

17. Provide support to chapters in drafting and advocating for state legislation to recommend naloxone training in schools as directed in Resolution 30(18) Naloxone Layperson Training.

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Outcome: The committee has compiled information that will be distributed to chapters prior to *ACEP19*.

18. Develop model state legislation for chapters to use to access funding related to the Alternatives to Opioids (ALTO) in the ED Act to address Amended Resolution 31(18) Payment for Opioid Sparing Pain Treatment Alternatives.

Outcome: The committee will complete this objective prior to *ACEP19* and distribute it to the chapters.

19. Develop a toolkit and other resources to assist chapters in the passage of state legislation to enact extreme risk protection orders as directed in Amended Resolution 45(18) Support for Extreme Risk Protection Order to Minimize Harm.

Outcome: The committee has compiled considerable information and will continue to work on this objective in the 2019-20 committee year.

20. Work with the Ethics Committee to revise the policy statement “Law Enforcement Gathering in the ED to reflect recent relevant court decisions regarding consent for searches with or without warrant to provide clarification and guidance to emergency physicians on their ethical and legal obligations as directed in Amended Resolution 46(18) Enforcement Information Gather in the ED Policy Statement. (Ethics is the lead committee.)

Outcome: Comments were provided to the Ethics Committee.

21. Work with the Ethics Committee to review the policy statement “Recording Devices in the ED” and determine if any revisions are needed to address surreptitious (audio/video) recording in the ED as directed in the first resolved of Amended Resolution 48(18) Recording in the Emergency Department. (Ethics is the lead committee.)

Outcome: Comments were provided to the Ethics Committee.

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Well-Being Committee

Chair: Arlene Chung, MD, FACEP

Board Liaison: Debra G. Perina, MD, FACEP

Staff Liaison: Kelly Peasley

1. Continue to enhance and implement the Wellness Week program for emergency physicians and providers to encourage personal and professional wellness strategies. Explore wellness training tactics for residents and young physicians. Strive for a 30% participation rate of all ACEP members.

Outcome: Wellness Week was held Sunday, April 7 – Saturday, April 13, 2019.

Initiatives for Wellness Week 2019

- Email themes for the day followed the seven spokes of the Wellness Wheel
- Individual Daily Challenges posted to Facebook and Twitter
- Departmental Challenge – 15 departments participated which is a nice increase over 2018 (2 departments)
- International participation included EM organizations from Canada, Australia, Turkey, Ireland and The Netherlands

Email Statistics

Subject	Sent	Total Opened (%)	Unique Opened (%)	Clicked (%)	Unsubscribed (%)
Sunday: Physical Wellness	1424	39%	39%	277 (39%)	0 (0%)
Monday: Social Wellness	1421	39%	39%	93 (13%)	0 (0%)
Tuesday: Spiritual Wellness	1422	39%	39%	130 (18%)	0 (0%)
Wednesday: Intellectual Wellness	1418	42%	42%	164 (22%)	0 (0%)
Thursday: Financial Wellness	1411	45%	45%	54 (7%)	0 (0%)
Friday: Emotional Wellness	1394	45%	45%	96 (13%)	1 (0%)
Saturday: Occupational Wellness	1387	45%	45%	38 (5%)	2 (0%)

Social Media Statistics

	Impressions	Posts	Engagement %
EM Wellness Week - Occupational Wellness	41,751	19	0.35
EM Wellness Week - Emotional Wellness	33,093	22	0.49
EM Wellness Week: Financial Wellness	87,423	26	0.54
EM Wellness Week: Intellectual Wellness	73,779	40	0.41
EM Wellness Week: Spiritual Wellness	81,936	34	0.52
EM Wellness Week: Social Wellness	140,043	40	0.4
EM Wellness Week: Physical Wellness	70,281	22	0.29
Overall	528,306	203	0.43
#iEMWell	1,845,000	465	
#EMwellnessweek19	1,988,000	562	

Dates for Wellness Week 2020 - TBA

2. Collaborate with the Education Committee to complete development of interactive tutorials on resiliency strategies for members as part of Wellness Week activities and explore the possibility of providing CME. (Well-Being is the lead committee.)

Outcome: The committee has developed a Resiliency Toolkit which is being fine-tuned and enhanced with graphic

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design. The final product will be added to the wellness resources on acep.org.

3. Compile and disseminate information on the “joys” (professional and personal satisfaction) of practicing emergency medicine. Incorporate ideas of well-being and wellness into a sustainable platform beyond wellness week. Refine campaigns for a culture change for emergency physicians to focus on the positive accomplishments in the ED.

Outcome: The Wellness Center of Excellence Award approved by the Board in March 2019. Nominations for departments will occur during Wellness Week 2020 and awards will be announced at ACEP 2020. Information in the nominations will be subsequently be used to develop a best-practices resource to promote wellness and resiliency. Scoring criteria will be available for review at the ACEP 2019 Well-Being Committee Meeting.

4. Update “Being Well in Emergency Medicine: ACEP’s Guide to Investing in Yourself.”

Outcome: The committee is updating the existing guide and writing new chapters with a more system-oriented focus. Currently, 16 new pieces are in production. On track to have final drafts of all chapters updated electronically by summer of 2020.

5. Analyze emergency departments with higher and lower physician and nurse turnover and examine characteristics of the department and individuals that may have a positive or negative effect on wellness.

Outcome: The committee is reviewing the ABEM longitudinal survey data and feedback from a statistician in order to home in on the points that the group is looking for from the data set.

6. Develop a series of articles for submission to *ACEP Now*, including how to improve being well in emergency medicine and bringing “joy” to practice.

Outcome: The committee submitted 3 articles and had a primer on Wellness Week published. Committee has expressed concern that response from ACEP Now has been limited.

7. Evolve the 2018 Wellness Center based on learnings and recommendations from 2017.

Outcome: The 2018 Wellness Center featured:

- Ted-like talk recorded stage featuring Champions of EM.
- Story Booth- members given a chance to ‘tell their story’ and discuss how they integrate wellness into their own lives. Recording to be utilized during Wellness Week 2019.
- Art therapy area
- Interactions with therapy animals (dogs and Bo, the pig!)
- Serenity area – noise cancelling headphones, serene music, bean bags
- Charging station

8. Collaborate with other emergency medicine organizations and groups:
 - a. Emergency Nurses Association, the Society for Emergency Medicine Physician Assistants, and the American Academy of Nurse Practitioners to identify exemplary practices that promote wellness.
 - b. Conduct outreach with international emergency medicine organizations to share ideas and opportunities for collaboration. Investigate the potential for working with the International Federation of Emergency Medicine to develop international working groups focused on well-being in emergency medicine.
 - c. Implement the Wellness Institute.

Outcome: The committee has conducted regular conference calls throughout the year with representatives from the International Federation of Emergency Medicine (IFEM), Canadian Association of Emergency Physicians (CAEP), Australasian College for Emergency Medicine (ACEM), Emergency Medicine Association of Turkey, Dutch Society of Emergency Physicians, Emergency Nurses Association (ENA) Society of Emergency Medicine Physician Assistants (SEMPA) and the American Academy of Nurse Practitioners (AANP). The group has contributed to the creation of a shared documents with contact information and social media accounts for the various organizations. Committee is finalizing a survey for countries to identify what areas of the NAM conceptual model (External and Internal) that affect clinician well-being and resilience. The goal is to see what areas of the model have the greatest

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impact and determine what the similarities and differences are for each country. Survey to be completed by August 15th. Also in production is a world map to show the reach of the ACEP Well-Being Committee connections. Representatives from our international partners will be invited to participate in the Well-Being Committee meeting at ACEP19 via Zoom.

9. Discover exemplary practices that contribute to wellness in emergency medicine and disseminate the information to all EDs in the U.S

Outcome: The newly approved Wellness Center of Excellence Award (specifically the nomination form) will be used as a vehicle to gather information on best practices that contribute to wellness in emergency medicine which will then be developed into a resource available on acep.org.

10. Continue collaboration with EMRA and the Academic Affairs Committee to identify and/or develop resources for residents and medical students to address resiliency and coping mechanisms. (Well-Being is the lead committee.)

Outcome: Compilation of resources is complete.

11. Develop a policy statement on paid parental leave for emergency physicians and develop an information paper on best practices regarding paid parental leave for emergency physicians. (Amended Resolution 36-17 Maternity and Paternity Leave)

Outcome: The Board approved the revision of the policy statement at the June 2019 meeting. The committee is now focused on the production of the accompanying information paper.

12. Review ACEP's current resources and develop resources as needed to address interruption of clinical emergency medicine practice. (Resolution 51-17 Retirement or Interruption of Clinical Emergency Medicine Practice)

Outcome: Committee has not yet addressed this objective. Review of the current resources forthcoming.

13. Review the following policies per the Policy Sunset Review Process:

- Physician Impairment*
- Support for Nursing Mothers

Outcome: Both policies noted above are undergoing revisions.

14. Work with the Emergency Medicine Practice Committee and determine if ACEP's "Physician Impairment" policy statement needs to be revised or if a new policy statement is needed to address physician mental health and to aid in reducing physician barriers to mental health care (Amended Resolution 18-18 Reducing Physician Barriers to Mental Health Care). (Well-Being is the lead committee.)

Outcome: The committee will continue to work on the revised policy in the 2019-20 committee year.

15. Work with the Academic Affairs Committee (resident perspective) and the Wellness Section to study the unique, specialty-specific factors leading to depression and suicide in emergency physicians and formulate an action plan to address the contributory factors unique to emergency medicine and provide a report of the findings to the 2019 Council as directed in Resolution 16(18) No More Emergency Physician Suicides. (Well-Being is the lead committee.)

Outcome: Committee is drafting action plan and background information.

- Reviewing ICPH 2017 qualitative paper looking at stories told by survivors of suicide
- Considering sending out quantitative survey (+/- space for participants to provide contact information for semi-structured interviews) to attendees of the didactic session Physician Do No Harm- A comprehensive look at physician suicide at ACEP19.
- In partnership with the Academic Affairs committee, content is being developed/resources compiled for distribution during National Suicide Awareness week, September 8-14, 2019.